

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035063

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 676

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 10 1963

VS 300
Rev. 4/59

1 0109

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RANDOLPH</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>COLUMBIA, MISSOURI</u>		Length of stay in 1b <u>8-28-63 to 10-6-63</u>	c. CITY OR TOWN <u>MOBERLY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT IN HOSPITAL, give location) HOSPITAL OR INSTITUTION <u>UNIVERSITY OF MISSOURI MEDICAL CENTER</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>110 EAST CARPENTER</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES OSBORNE DUNN</u>			4. DATE OF DEATH Month Day Year <u>OCTOBER 6, 1963</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 13, 1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LETTER CARRIER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. GOVERNMENT POST OFFICE</u>	9. AGE (last birthday) <u>61</u>
11a. FATHER'S NAME <u>WILLIAM DUNN</u>		11b. MOTHER'S MAIDEN NAME <u>ALMA STREET</u>	11. BIRTHPLACE (City and state or country) <u>Franklin, Mo</u>
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		13. SOCIAL SECURITY NO. <u>59</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
14. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>WREMIA</u>		14. NAME OF HUSBAND OR WIFE <u>LORRAINE Lema DUNN</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ACUTE GLOMERULONEPHRITIS</u>		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (c)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>Aug 28 1963</u> to <u>OCT 6, 1963</u> and last saw her/him alive on <u>OCT 6, 1963</u> Death occurred at <u>7:00 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Nathan C. Green</u>		22b. ADDRESS <u>U m m c</u>	22c. DATE SIGNED <u>Oct 6 '63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-8-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>
24. FUNERAL DIRECTOR <u>Mellison & Green Moberly Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct 6, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. R E Palmer</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

6-10-63

UNIVERSITY OF CALIFORNIA

OCT 17 1963

OCT 17 1963

*See Applicant file for signatures of
OCT 17 1963
OCT 17 1963
OCT 17 1963
OCT 17 1963*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.