MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 282 STATE FILE NUMBER 63-039673

FILED NOV 4 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clinton — Length of stay in 1b: 4 Hr.s
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Clinton General — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Henry
c. CITY OR TOWN: Deepwater Mo — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 3 MI West of Deepwater — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: John — Middle: Cleveland — Last: Dunning

4. DATE OF DEATH: Month: Oct — Day: 30 — Year: 1963

5. SEX: M
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-22-1884.
9. AGE (last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Deepwater Mo
12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Albert Dunning
13b. MOTHER'S MAIDEN NAME: Ella M Fudge
14. NAME OF HUSBAND OR WIFE: Nellie M Dunning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.
17. INFORMANT: Nellie M Dunning — Address: Deepwater Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Ruptured esophageal varices — INTERVAL BETWEEN ONSET AND DEATH: 17 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus, Parkinson's disease

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 6/29/46 to 10/30/63 and last saw her/him alive on 10/30/63
Death occurred at 7:45 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: S. B. Hughes (Degree or title): M D
22b. ADDRESS: Clinton, Mo.
22c. DATE SIGNED: 11/1/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-1-63
23c. NAME OF CEMETERY OR CREMATORY: Englewood Cem
23d. LOCATION (City, town, or county) (State): Clinton Mo

24. FUNERAL DIRECTOR — ADDRESS: Sickman & Dunning Clinton Mo
25. DATE RECD. BY LOCAL REG.: Nov. 1, 1963
26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

NOV 19 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 _____
Signature of Student Embalmer

Signed R. L. Dunning

Licensed Embalmer No. 4310

P. O. Address Clinton Mo

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.