

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046862

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 411

STATE FILE NUMBER

FILED DEC 26 1963

VS 300
Rev. 4/59

1 0017

2 0980

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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 Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Schuyler	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirkville		c. CITY OR TOWN Greentop	
Length of stay in 1b 21 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Kirkville Osteopathic		d. STREET ADDRESS (If outside, give location) none	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) William Henry Dunham		4. DATE OF DEATH December 9, 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-31-1893
9. AGE (last birthday) 69		10. IF UNDER 1 YEAR Months Days 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) Adair County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Dunham		13b. MOTHER'S MAIDEN NAME Elizabeth Swank	
14. NAME OF HUSBAND OR WIFE Nora Dunham			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war - dates of service) Yes W.W. 1		16. SOCIAL SECURITY NO. 492-42-6584	
17. INFORMANT Nora Dunham		Address Greentop, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory failure & myocardial degeneration DUE TO (b) Decongested & pulmonary (obstructive emphysema) DUE TO (c) Lobar pneumonia.		INTERVAL BETWEEN ONSET AND DEATH 12/7/63 12/9/63	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 12/5/63 12/9/63	
21. I attended the deceased from 12:00 Noon to 12/9/63 and last saw him alive on 12/9/63 Death occurred at 12:00 Noon on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William Dunham (Degree or title)		22b. ADDRESS 800 W. Jefferson St. Kirksville, Mo.	
22c. DATE SIGNED 12/11/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-12-63	23c. NAME OF CEMETERY OR CREMATORY Willmathsville	23d. LOCATION (City, town, or county) (State) Willmathsville, Mo.
25. DATE RECD. BY LOCAL REG. 12-23-63		26. REGISTRAR'S SIGNATURE Doris W. Ratliff	

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

DEC 27 1963

MILAN LESKO, D.O.

No permit issued

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 Wm A. Jackson

Licensed Embalmer No. 3954

P. O. Address Kuberville 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.