

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 044016

FILED VS DEC 28 1959

137 Primary Registration District No. 3023 Registrar's No. 300

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLINTON</u>	Length of stay in 1b <u>6 days</u>	c. CITY OR TOWN <u>CLINTON Mo</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CLINTON General Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>219 N Main</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>KEVIN</u> Middle <u>WILLIAM</u> Last <u>DUENSING</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>20</u> Year <u>1959</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-15-59</u>	9. AGE (last birthday) IF UNDER 1 YEAR Months <u>6</u> Days <u>5</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and state or country) <u>CLINTON Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Fredrick A. Duensing</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby William</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>Fred A. Duensing 219 N Main Clinton</u> Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PNEUMONIA (BRONCHIAL)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ATELECTASIS</u>			DUE TO (c) _____		
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	COUNTY	STATE
21. I attended the deceased from <u>25 DEC. 1959</u> to <u>20 DEC. 1959</u> and last saw ^{him} alive on <u>30 DEC. 1959</u> Death occurred at <u>9:05 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD</u>		22b. ADDRESS <u>Clinton, Mo</u>		22c. DATE SIGNED <u>21 Dec '59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-21-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crylewood Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Clinton Mo.</u>	
24. FUNERAL DIRECTOR <u>Sickman-Dunning</u>	ADDRESS <u>Clinton</u>	25. DATE RECD. BY LOCAL REG. <u>Dec 21-59</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigums</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Robert S. Dunning

Licensed Embalmer No. 4710

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.