

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41903**

FILED DEC 30 1950

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 411

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>115 MOUND ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>115 MOUND ST.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BESSIE</u> b. (Middle) <u>GERTRUDE</u> c. (Last) <u>DUNWOODY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 19 1950</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MARCH 27, 1886</u>		9. AGE (In years last birthday) <u>64</u>		10. MONTHS <u>8</u> DAYS <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>BONNE TERRE MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>JOSEPH SMALL</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH MOORE</u>		14. NAME OF HUSBAND OR WIFE <u>HARLEY DUNWOODY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. of unknowns) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HARLEY DUNWOODY</u> ADDRESS <u>BONNE TERRE Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Chronic Pulmonary Tuberculosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			DO 2X	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arterio sclerosis</u>			D. 15	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 1, 1939 to Dec 17, 1950, that I last saw the deceased alive on 12-17, 1950 and that death occurred at 12 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H L Evans M.D.</u> (Degree or title)		23b. ADDRESS <u>Bonne Terre Mo.</u>		23c. DATE SIGNED <u>12-19-50</u>	
24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec 20, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BUSTER</u>	
24d. LOCATION (City, town, or county) (State) <u>VALES MINES Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Dec. 19, 1950</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Benham Hall Co. Bonne Terre Mo.</u> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

DEC 26 1950

RECEIVED

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Charles J. Claywell*

Signed.....  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*3706*

P. O. Address \_\_\_\_\_

*Bonne Terre 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 this body is not embalmed, fact should be so stated above.