MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0029440
STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 6136 Registrar's No. 9

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 1010
2 3578
3
4 0
5 1
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7 1
8 2
9 9104
10 46
11 101
12 9 1-3
13 1-0

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

USE BLACK INK OR TYPEWRITER RIBBON

FILED AUG 15 1967

1. PLACE OF DEATH
a. COUNTY: Shannon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Round Springs SPRING VALLEY TWP
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Camp Ground
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 8107 E. 67th St.
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Donald Middle: Eugene Last: Dunn

4. DATE OF DEATH: Month: August Day: 3 Year: 1967

5. SEX: Male

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 8/8/1921

9. AGE (last birthday): 46
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): School Teacher

10b. KIND OF BUSINESS OR INDUSTRY: School System

11. BIRTHPLACE (City and state or country): Marshall, Arkansas

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Newton Dunn

13b. MOTHER'S MAIDEN NAME: Della Woods

14. NAME OF HUSBAND OR WIFE: Mildred M. Dunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 426-78-7486

17. INFORMANT Address: Mildred M. Dunn 8107 E. 67th St. K.C.

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): BRAIN CONCUSSION — INTERVAL BETWEEN ONSET AND DEATH: 1 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): FRACTURED SKULL — 1 min.
DUE TO (c): STRUCK BY FALLING TREE

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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.): WIND BLEW TREE OVER STRIKEING HIM IN HEAD.

20c. TIME OF INJURY Hour a.m. p.m.: 8 Month, Day, Year: 8-3-67

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): CAMP GROUND POST MORTEM ONLY

20f. CITY, TOWN, OR LOCATION: ROUND SPRING COUNTY: SHANNON STATE: MO.

21. I attended the deceased from ____ and last saw her/him alive on ____
Death occurred at 8:00p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Denton Wilson, DO Coroner

22b. ADDRESS: Eminence, Mo.

22c. DATE SIGNED: 8-11-67

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 8/5/1967

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park

23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Duncan Funeral Home Mtn. View, Mo.

25. DATE RECD. BY LOCAL REG.: Aug 14, 1967

26. REGISTRAR'S SIGNATURE: Mabel Green

(Licensed Embalmer's Statement on Reverse Side)

Burial Permit Rec'd & Buried

AUG 15 1967

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 Carl D. Bell

(Signature of Student Embalmer)

Licensed Embalmer No. 5368

P. O. Address Mtn. View, 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.