

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

60-010215

STATE FILE NUMBER

FILED VS APR 1 1960

Registration District No. 5812

Primary Registration District No. 5814

Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Carter</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pike Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Fremont 0180,</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Farm Home 90</u>			Length of stay in 1b <u>5 years</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. 1,</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Cortez</u> Middle <u>Ewell</u> Last <u>Dunning</u>				4. DATE OF DEATH Month <u>Mar</u> Day <u>26</u> Year <u>1960</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>12-27-1895</u>		9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>29</u> IF UNDER 24 HRS Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>1 Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Joseph Dunning</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Hale</u>			14. NAME OF HUSBAND OR WIFE <u>Verta Dunning</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>524-03-8331</u>		17. INFORMANT <u>Verta Dunning, Rt. 1, Fremont, Mo.</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>Coronary Thrombosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis, arteriosclerosis</u>									
DUE TO (c) <u>4201</u>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							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 <u></u> Month, Day, Year a.m. <u></u> p.m. <u></u>									
20d. INJURY OCCURRED WHILE AT <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>2-21-56</u> to <u>3-26-60</u> and last saw him alive on <u>3-18-60</u> Death occurred at <u>2:30 P</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Frank J. Ruzinski, D.O.</u>				22b. ADDRESS <u>Van Buren, Mo.</u>		22c. DATE SIGNED <u>3-28-60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>3-28-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ARVADA Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>ARVADA, Colorado</u>			
24. FUNERAL DIRECTOR <u>MSPadden Funeral Home, Van Buren, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>3-28-60</u>		26. REGISTRAR'S SIGNATURE <u>Mrs Oeta Henson</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 19 1960

STATEMENT BY LICENSED EMBALMER

APR 7 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by DONALD STAN, Student Embalmer No. 606 working under my personal supervision.

Student Donald Sloan  
Signature of Student Embalmer

Signed Allen C. McGreeen

Licensed Embalmer No. 4543

P. O. Address Law Buren, 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.