

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67. 0036883

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **8984** STATE FILE NUMBER

FILED OCT 5 1967		318	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If outside, give location) 4248 Shenandoah Ave.	
3. NAME OF DECEASED (Type or print) First FRANK Middle BENTON Last DUNHAM		4. DATE OF DEATH Month Sep. Day 24 Year 1967	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-16-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man (Retired)		11. BIRTHPLACE (City and state or country) Co. Clarksburg, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Unknown Dunham		14. NAME OF HUSBAND OR WIFE Late Nellie Dunham	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 499-01-9068	17. INFORMANT James R. Dunham 4262 Bordeaux Dr.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchitis - acute & chronic DUE TO (b) ASHD DUE TO (c) 500.X			INTERVAL BETWEEN ONSET AND DEATH 7 years 7 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension, injured femur, diabetes.			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 checked="" type="checkbox"/> NO <input 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.	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 1-3-66 to 9-24-67 and last saw him alive on 9-13-67 Death occurred at 6:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Joseph A. Lupton M.D.		22b. ADDRESS 1641 1/2 Kingshighway W. St. Louis	22c. DATE SIGNED 9-27-67
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)	23b. DATE Sep. 28, 1967	23c. NAME OF CEMETERY OR CREMATORY Clarksburg, Mo.	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway Blvd.		25. DATE RECD. BY LOCAL REG. SEP 27 1967	26. REGISTRAR'S SIGNATURE Kearl Smith M.D.

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Dr. B. Y. Glaesberg
8631 Delmar Blvd.

My. 3-6116

U.S. 3-3-33

Dr. Joseph A. Swope
6500 Chipewa

Fl. 1-5503

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 RW Stovvord

Licensed Embalmer No. 4007

P. O. Address St. Louis 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.