

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012921

STATE FILE NUMBER

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 124

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 3 1963

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission) a. STATE Mo b. COUNTY St Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Length of stay in 1b 20 yrs	c. CITY OR TOWN Bonne Terre
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 115 Mound St		Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 115 Mound St
3. NAME OF DECEASED (Type or print) First Middle Last Harley George Dunwoody		4. DATE OF DEATH Month Day Year March 24, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 4-11-1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY Valley Dolomite	9. AGE (last birthday) 79
13a. FATHER'S NAME James Dunwoody		13b. MOTHER'S MAIDEN NAME Margaret Dunwoody	14. NAME OF HUSBAND OR WIFE (dec) Bessie Taylor Dunwoody
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. 499-03-2873	17. INFORMANT May House 115 Mound St Bonne Terre, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral arteriosclerosis - 2 months			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic urinary cystitis			PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	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 ☐ NOT WHILE AT WORK ☐	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 May 1959 to March 1963 and last saw him alive on March 23, 1963. Death occurred at 2:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Maurice J. Haw, Jr. M.D.		22b. ADDRESS Bonne Terre, Mo.	22c. DATE SIGNED 3/26/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar 26, 1963	23c. NAME OF CEMETERY OR CREMATORY Buster Cemetery	23d. LOCATION (City, town, or county) Valles Mines, Mo.
24. FUNERAL DIRECTOR C.Z. Boyer & Son, Inc, Bonne Terre, Mo.		25. DATE RECD. BY LOCAL REG. Mar 26, 1963	26. REGISTRAR'S SIGNATURE Esther Rudloff

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 Burlin T. Boyer, Jr.

Licensed Embalmer No. 5117

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.