

# STANDARD CERTIFICATE OF DEATH

29369

State File No.

#1

FILED SEP 1-1953

BIRTH NO.

REG. DIST. NO. 224

PRIMARY REG. DIST. NO. 3046

Registrar's No.

1. PLACE OF DEATH  
a. COUNTY

Moniteau Co

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker 22 Yrs

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Oliver St. California, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE b. COUNTY Missouri Moniteau

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker 2681

d. STREET ADDRESS (If rural, give location) Oliver St. California, Mo 0

3. NAME OF DECEASED  
(Type or Print)

Arnold

Namen

Dunham

4. DATE OF DEATH (Month) (Day) (Year) Aug 25 1953

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH

June 11 1914

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. 39 2 14

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Forman Of Gord Room Woolen Mills

10b. KIND OF BUSINESS OR INDUSTRY

Moniteau Co Mo

11. BIRTHPLACE (City and State or Foreign Country)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME

Edward Dunham

13b. MOTHER'S MAIDEN NAME

Pernica Weinbrener

14. NAME OF HUSBAND OR WIFE

Oma 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. 495-08-8774

17. INFORMANT'S SIGNATURE OR NAME Mrs. Oma Dunham, California, Mo

ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

MEDICAL CERTIFICATION

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

3 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Diabetes Mellitus

15 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

4201

20. AUTOPSY?

YES ☐ NO ☒

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)

California, Moniteau MO.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Aug 25, 1953, only, 19, that I last saw the deceased alive on Aug. 25, 1953, and that death occurred at 3/30A m., from the causes and on the date stated above.

23a. SIGNATURE

R B Fulk, M.D.

(Degree or title)

23b. ADDRESS

California, Mo

23c. DATE SIGNED

8-26-53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

8/28/53

24c. NAME OF CEMETERY OR CREMATORY

City Cemetery

24d. LOCATION (City, town, or county) (State)

California, Mo

DATE REC'D BY LOCAL REG.

8, 3, 1, 53

REGISTRAR'S SIGNATURE

H L Papp

25. FUNERAL DIRECTOR'S SIGNATURE

Earle Brundin - California

ADDRESS

7250

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Jack H. Bowlin*

Licensed Embalmer No. *4933*

P. O. Address *California, Missouri*

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.