

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 7 1958

State File No. 44095

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 224		Registrar's No. 88	
1. PLACE OF DEATH a. COUNTY <u>Moniteau 0681</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Montana</u> b. COUNTY <u>Custer</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>California</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Miles City</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Wacker Twp. 8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at the Homer Father Sandy Hill Rural Wacker Twp. 8</u>							
3. NAME OF DECEASED (Type or Print) <u>Pearl</u>		a. (First) <u>Pearl</u>		b. (Middle) <u>May</u>		c. (Last) <u>Dunham</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 25 1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Jan 1 - 1895</u>		9. AGE (In years last birthday) <u>56</u>		10. IF UNDER 1 YEAR Days <u>11</u>		11. IF UNDER 1 YEAR Hours <u>24</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Moniteau County D</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sandy R. Hill</u>		13b. MOTHER'S MAIDEN NAME <u>Ida May Pennington</u>		14. NAME OF HUSBAND OR WIFE <u>Clarence W. Dunham</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sandy R. Hill</u> ADDRESS <u>California Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of breast & lung metastases</u> 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. <u>Diabetes mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>170X</u>			
22. I hereby certify that I attended the deceased from <u>12-20</u> , 19 <u>57</u> , to <u>12-25</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>12-23</u> , 19 <u>57</u> , and that death occurred at <u>2 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Francis Jarwydas M.D.</u>				23b. ADDRESS <u>California, Mo.</u>		23c. DATE SIGNED <u>12-26-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>12-27-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Latham Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-26-57</u>		REGISTRAR'S SIGNATURE <u>H.R. Popejoy L.R. 202</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hugh E. Williams California Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3537

P. O. Address California 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 this body is not embalmed, fact should be so stated above.