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| BIRTH NO. _____ | | REG. DIST. NO. <u>47</u> | | PRIMARY REG. DIST. NO. <u>5164</u> | | Registrar's No. <u>175</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> | | | | b. COUNTY <u>Callaway</u> | |
| b. CITY OR TOWN <u>RURAL FULTON</u> | | c. LENGTH OF STAY (in this place) <u>70 yrs.</u> | | c. CITY OR TOWN <u>Rural - Fulton</u> | | 14 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 MILES N.E. OF FULTON, MO</u> | | | | d. STREET ADDRESS (If rural, give location) <u>R# 1 Fulton</u> | | | | 3 | |
| 3. NAME OF DECEASED (Type or Print) <u>AUGUST HENRY CUNO</u> | | | a. (First) | | | b. (Middle) | | | |
| c. (Last) <u>CUNO</u> | | | 4. DATE OF DEATH | | | (Month) (Day) (Year) | | | |
| <u>5. SEX</u> <u>MALE</u> | | | <u>6. COLOR OR RACE</u> <u>WHITE</u> | | | <u>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</u> <u>WIDOWED</u> | | | |
| <u>8. DATE OF BIRTH</u> <u>JAN 24 1862</u> | | | <u>9. AGE (In years last birthday)</u> <u>87</u> | | | <u>10. UNDER 1 YEAR</u> <u>3</u> <u>24</u> | | | |
| <u>11. BIRTHPLACE (State or foreign country)</u> <u>Franklin Co Mo U.S.A</u> | | | <u>12. CITIZEN OF WHAT COUNTRY?</u> <u>U.S.A</u> | | | | | | |
| <u>13a. FATHER'S NAME</u> <u>Fredrick A. Cuno</u> | | | <u>13b. MOTHER'S MAIDEN NAME</u> <u>Katherine Teiffertin</u> | | | <u>14. NAME OF HUSBAND OR WIFE</u> <u>Carolyn Cuno</u> | | | |
| <u>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)</u> <u>no</u> | | | <u>16. SOCIAL SECURITY NO.</u> <u>none</u> | | | <u>17. INFORMANT'S SIGNATURE OR NAME</u> <u>Myrtle Stephens</u> | | | |
| <u>18. CAUSE OF DEATH</u> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Serous Apoplexy</u> | | | ANTECEDENT CAUSES | | | | | | |
| DUE TO (b) <u>Cardio-vascular Hypertension</u> | | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | | |
| DUE TO (c) <u>Hypertension Per Se</u> | | | II. OTHER SIGNIFICANT CONDITIONS | | | | | | |
| Conditions contributing to the death but not related to the disease or condition causing death. <u>Dementia-Senile</u> | | | | | | | | <u>334X</u> | |
| <u>19a. DATE OF OPERATION</u> | | | <u>19b. MAJOR FINDINGS OF OPERATION</u> | | | | | <u>20. AUTOPSY?</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| <u>21a. ACCIDENT SUICIDE HOMICIDE</u> (Specify) | | | <u>21b. PLACE OF INJURY</u> (e.g., in or about home, farm, factory, street, office bldg., etc.) | | | <u>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</u> <u>Fulton TOWNSHIP Callaway MO</u> | | | |
| <u>21d. TIME OF INJURY</u> (Month) (Day) (Year) (Hour) m. | | | <u>21e. INJURY OCCURRED</u> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | <u>21f. HOW DID INJURY OCCUR?</u> | | | |
| <u>22. I hereby certify that I attended the deceased from 3-10, 1947, to 5-18, 1949, that I last saw the deceased alive on 5-17, 1949, and that death occurred at 10:20 a.m., from the causes and on the date stated above.</u> | | | | | | | | | |
| <u>23a. SIGNATURE</u> <u>W.O. Payne</u> (Degree or title) <u>M.D.</u> | | | <u>23b. ADDRESS</u> <u>R# 6 Fulton MO</u> | | | <u>23c. DATE SIGNED</u> <u>5-20-1949</u> | | | |
| <u>24a. BURIAL, CREMATION, REMOVAL (Specify)</u> <u>Burial</u> | | | <u>24b. DATE</u> <u>May 20 1949</u> | | | <u>24c. NAME OF CEMETERY OR CREMATORY</u> <u>Audwasse</u> | | | |
| <u>24d. LOCATION (City, town, or county) (State)</u> <u>Audwasse MO</u> | | | <u>24e. REGISTRY NO.</u> <u>426</u> | | | <u>25. FUNERAL DIRECTOR'S SIGNATURE</u> <u>Glen J. Marpin</u> | | | |
| <u>DATE REC'D BY LOCAL REG.</u> <u>May 20 1949</u> | | | <u>REGISTRAR'S SIGNATURE</u> <u>Marretta Lawrence</u> | | | <u>ADDRESS</u> <u>Fulton MO</u> | | | |

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

