

S. No. 300  
V. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 30 1950

State File No. 19502

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5136</u>		Registrar's No. <u>260</u>	
1. PLACE OF DEATH a. COUNTY <b>Butler County</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Harviell</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Harviell</b>		0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Beaver Dam Twp</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sarah</b> b. (Middle) <b>Addline</b> c. (Last) <b>Cunningham</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6 14 1950</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>9</b>		8. DATE OF BIRTH <b>1/22/1876</b>	
9. AGE (In years last birthday) <b>74</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>White Co., Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		13a. FATHER'S NAME <b>Robert Mince</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Jane Montgomery</b>		14. NAME OF HUSBAND OR WIFE <b>J. T. Cunningham</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Walter Cunningham Harviell, Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>angina pectoris</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>myocardial infarct</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>asthma cardiac &amp; bronch</b> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>(3)</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>none</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>April</b> , 1950 to <b>June 14</b> , 1950 that I last saw the deceased alive on <b>June 10</b> , 1950, and that death occurred at <b>5 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>H. E. White M.D.</b> (Degree or title)				23b. ADDRESS <b>Naylor Mo.</b>		23c. DATE SIGNED <b>June 15</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/16/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bernie Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Bernie Mo.</b>	
DATE REC'D BY LOCAL REG. <b>June 23 1950</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b> <b>428</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gish Funeral Home Naylor, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
JUN 27 1950

BUTLER CO. HEALTH CENTER

FILE No. 650-272

JUN 18 1950

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 Bryan McCord

Licensed Embalmer No. 4979

P. O. Address Taylor, 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.