

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7440
Registrar's No. 37

FILED MAR 20 1951

BIRTH NO. 623-251 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002

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

1. PLACE OF DEATH a. COUNTY <u>AUDUBAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON, MO.</u> <u>0143</u>	
c. LENGTH OF STAY (In this place) <u>12 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>504 W. THIRD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RA# FAIRGROUND Apts</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BESSIE</u> b. (Middle) <u>MARIE</u> c. (Last) <u>CUNO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 11, 1951</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>JAN 1, 1951</u>		9. AGE (In years last birthday) <u>0</u> Months <u>2</u> Days <u>11</u>		10. UNDER 18: Hours <u></u> Minutes <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>WILLIAM C. CUNO</u>		13b. MOTHER'S MAIDEN NAME <u>EVELYN ESTES</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MA. W. CUNO, 504 W. 3, FULTON, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Died some time during night, evidently from natural cause, had never been sick</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>been sick</u>		7953	
DUE TO (c) <u>been sick</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>No evidence at all of any foul play</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. Garrett</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Corner 3 Fulton Mo.</u>		23c. DATE SIGNED <u>3/11/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/12/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>REFORM.</u>	
				24d. LOCATION (City, town, or county) (State) <u>CALLAWAY, MO.</u>	

DATE REC'D BY LOCAL REG. <u>MAR 13 1951</u>		REGISTRAR'S SIGNATURE <u>Blanche Keely</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Maugin Funeral Home, Fulton, Mo.</u>	
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Date Received: MAR 19 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-51-559
Date Filed: MAR 19 1951

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 Walter J. Haines, Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.