

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8009

State File No.

360
1

BIRTH NO.		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>1235</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>R-Meramec Twp.</u>		c. LENGTH OF STAY (in this place) <u>6 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>R- Meramec Twp. Sullivan, Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sullivan, Elmont Rd.</u>				d. STREET ADDRESS (If rural, give location) <u>Elmont Road.</u> <u>0560</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emery</u> b. (Middle) <u>Stuard</u> c. (Last) <u>Cuneio</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 10, 1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 12, 1896</u>		9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 24 HRS. Hours <u>26</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Boone Twp., Franklin Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Louis Cuneio</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Ann Bell</u>		14. NAME OF HUSBAND OR WIFE <u>Velma Lucille Cuneio</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WWI</u>		16. SOCIAL SECURITY NO. <u>333-03-1175</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Velma Ann Cuneio, Sullivan, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>degenerative</u> DUE TO (c) <u>Liver & Heart.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2</u> <u>years</u> <u>4222</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sullivan Franklin Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>1948</u> , 19 <u>51</u> , to <u>3/10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/10</u> , 19 <u>51</u> , and that death occurred at <u>10:55 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. D. [Signature]</u>				23b. ADDRESS <u>Dr. Cuneio Sullivan Mo</u>		23c. DATE SIGNED <u>3/10/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 13, 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (state) <u>Sullivan, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>3-12-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Sullivan Mo</u>			

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 20 1951

RECEIVED

APR 4 1951

APR 1 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.

Signed.....
Student Embalmer

Student Embalmer No.

Signed *[Signature]*

Licensed Embalmer No. 2692

P. O. Address Sullivan 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.