

FILED MAY 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11431**

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **5009** Registrar's No. **114**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Wilson	c. LENGTH OF STAY (in this place) township) yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Wilson township	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Home, 1 mile south of Mil		d. STREET ADDRESS (If rural, give location) lard Rural.	

3. NAME OF DECEASED (Type or Print) a. (First) Oscar b. (Middle) Wallace c. (Last) Cundiff			4. DATE OF DEATH (Month) (Day) (Year) April 19, 1951	
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5. SEX Male, D	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH May 20, 1866		9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (State or foreign country) Macon county, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Seth B. Cundiff		13b. MOTHER'S MAIDEN NAME Deborah		14. NAME OF HUSBAND OR WIFE Mary Catherine Evans	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Vincil Cundiff, 1501 E Pierce, Kirksville, Mo			
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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) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 48 hrs. ANTECEDENT CAUSES DUE TO (b) Chronic Hypertensive Heart Dis. Unknown DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Prostatitis Unknown			
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **4-6**, 19**51**, to **4-19**, 19**51**, that I last saw the deceased alive on **4-19**, 19**51**, and that death occurred at **2:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. Bentzmann D.O. 2		23b. ADDRESS Kirksville, Mo		23c. DATE SIGNED 4-21-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Rural	24b. DATE 4-22-51	24c. NAME OF CEMETERY OR CREMATORY LaPlata Cemetery	24d. LOCATION (City, town, or county) (State) LaPlata, Missouri		
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DATE REC'D BY-LOCAL REG. 4-22-51	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert B. Davis Kirksville, Mo			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 30 1961

Date Received: APR 30 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-51-813
Date Filed: MAY 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.

Student Embalmer No.

Signed Robert B. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. 4219

P. O. Address Kirksville, Missouri

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.