

No. 35  
10.48

JAN 16 1952

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

3744

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 411

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vernon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Stevada</u>	
c. LENGTH OF STAY (In this place) <u>5 mo</u>		OR TOWN <u>1082</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOSE MAY CUNNINGHAM</u>		d. STREET ADDRESS (If rural, give location) <u>U</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSIE MAY</u> b. (Middle) <u>CUNNINGHAM</u> c. (Last) <u>HAM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-9-52</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar</u>	8. DATE OF BIRTH <u>12-16-85</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Midway Kan</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Harold Nettou</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Sutton</u>	14. NAME OF HUSBAND OR WIFE <u>R.R. Cunningham</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>U</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harold Nettou</u>	ADDRESS <u></u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertention</u>		
	DUE TO (c) <u>U</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>334X</u>	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) (Min.)	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 8-9-1951 to 1-9-1952, that I last saw the deceased alive on 1-9-1952, and that death occurred at 4:05 pm, from the causes and on the date stated above.

23a. SIGNATURE <u>R. G. Hall M.D.</u>	(Degree or title)	23b. ADDRESS <u>Nevada</u>	23c. DATE SIGNED <u>1-9-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>1-12-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-11-1952</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry 4510</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Embrey Funeral Home</u>	ADDRESS <u>Nevada Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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**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..... *Marsh E. Eubinger*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2656*

P. O. Address *Nevada 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.