

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21067**

FILED **7 1952** REG. DIST. NO. **392** PRIMARY REG. DIST. NO. **4276** Registrar's No. **4**

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

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write BUREAU and give township) Pierce City		c. CITY (If outside corporate limits, write BUREAU and give township) Pierce City Mo 0550	
c. LENGTH OF STAY (in this place) 6 years		d. STREET ADDRESS (If rural, give location) 400 Myrtle	
d. FULL NAME OF HOSPITAL OR INSTITUTION 400 Myrtle			
3. NAME OF DECEASED (Type or Print) a. (First) MYRA		b. (Middle) ANN	
		c. (Last) CUNNINGHAM	
4. DATE OF DEATH (Month) (Day) (Year) July 1 - 1952			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 31 - 1881
9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 71 6 0		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Barry County	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Thomas Turner		13b. MOTHER'S MAIDEN NAME Mrs. Jones	
14. NAME OF HUSBAND OR WIFE James E. Cunningham			
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 James E. Cunningham		ADDRESS Pierce City	
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) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 420!	
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) (Min.)		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 Nov 1, 1949 , to July 1, 1952 , that I last saw the deceased alive on July 1, 1952 , and that death occurred at 3:15 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles A. Spears MD		23b. ADDRESS Pierce City, Mo	
23c. DATE SIGNED 7-2-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 3-52	
24c. NAME OF CEMETERY OR CREMATORY St. Patricks		24d. LOCATION (City, town, or county) (State) Pierce City Mo	
DATE REC'D BY LOCAL REG. July 2 1952		REGISTRAR'S SIGNATURE John Davis	
75. FUNERAL DIRECTOR'S SIGNATURE Willie		ADDRESS Bro Pierce City	

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

Edwin P. Wilke

working under my personal supervision.

Student Embalmer No.

Signed

Edwin P. Wilke

Signed.....
Student Embalmer

Licensed Embalmer No. *H/31*

P. O. Address *Perce At 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.