

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42073**

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **325**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY OR TOWN Columbia, Missouri		c. CITY OR TOWN Neosho	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 19 days		e. STREET ADDRESS (If rural, give location) 412 E. McKinney	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ellis Fischel State Cancer Hospital			

3. NAME OF DECEASED (Type or Print) Thomas William Cuneen	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Dec. 26, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 10, 1878	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Re-Traveling Salesman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Louisiana, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Cuneen	13b. MOTHER'S MAIDEN NAME Helen Oliver	14. NAME OF HUSBAND OR WIFE Micha Cuneen
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown	16. SOCIAL SECURITY NO. 500-09-1019	17. INFORMANT'S SIGNATURE OR NAME Marjelle Slaughter - 805 E. Calm	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA of SIGMOID COLON		INTERVAL BETWEEN ONSET AND DEATH 1 YR
	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. RECENT PULMONARY INFARCT MASSIVE BILATERAL			

19a. DATE OF OPERATION DEC 14 '53	19b. MAJOR FINDINGS OF OPERATION PULMONARY EMBOLI CA of SIGMOID & LIVER METASTASIS 153X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 **DEC 7, 1953**, to **DEC 26, 1953**, that I last saw the deceased alive on **DEC 26, 1953**, and that death occurred at **6:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William S. Szymanski M.D.	23b. ADDRESS Ellis Fischel State Cancer	23c. DATE SIGNED 12/26/53
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24a. DATE Dec. 26, 1953	24b. NAME OF CEMETERY OR CREMATORY Neosho	24c. LOCATION (City, town, or county) (State) Mo.
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DATE REC'D BY LOCAL REG. Dec 26 1953	REGISTRAR'S SIGNATURE Mrs R.E. Palmer 310	25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service	ADDRESS Columbia Mo.
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No. 300
10-48

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Thomas L. Barry*.....

Licensed Embalmer No. *64123*.....

P. O. Address *Columbus*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.