

STANDARD CERTIFICATE OF DEATH

34582

State File No.

FILED NOV 15 1954

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Mason</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Mason</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>La Plata</u>		c. CITY OR TOWN <u>La Plata</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>62 years</u>		e. STREET ADDRESS (If rural, give location) <u>unknown 0610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mae</u> b. (Middle) <u>Cunningham</u> c. (Last) <u>Cunningham</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 3 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Apr 26 1892</u>
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 24 Hrs. Hours <u>7</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mason Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u> Sylvester Bruce</u>	13b. MOTHER'S MAIDEN NAME <u>Katie Lee</u>	14. NAME OF HUSBAND OR WIFE <u>Zellar D. Cunningham</u>
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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ida M. Robinson Ottumwa Ia</u> ADDRESS <u>2a</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro. Vasculin Accident</u>		<u>6 wks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Myocardial Infarction</u>		<u>?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia</u>		<u>3 wks</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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)	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 May 26 1954 to Oct 3 1954 that I last saw the deceased alive on Oct 3 1954, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Death or title) O. L. Woodward D.O. 23b. ADDRESS Atlanta Ga 23c. DATE SIGNED 11-4-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct 5 54 24c. NAME OF CEMETERY OR CREMATORY La Plata cemetery 24d. LOCATION (City, town, or county) (State) La Plata Mo

DATE REC'D BY LOCAL REG Nov 5 1954 REGISTRAR'S SIGNATURE Mrs O. J. Griffin 186 25. FUNERAL DIRECTOR'S SIGNATURE W. S. Christie ADDRESS La Plata Mo.

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10-40
WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

NOV 15 1954

RECEIVED 11. 8. 54
MACON COUNTY HEALTH DEPARTMENT
County File No. 11. 54. 173
Date Filed 11. 12. 54

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 D. S. Christie

Licensed Embalmer No. 1109

P. O. Address L. Platan

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.