

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36732

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 29

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| 1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gideon (Rural) Anderson TWP.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Missouri Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>0720</u> | |

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|---|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>WILSON</u> c. (Last) <u>Cunningham</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>11 22 1954</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>8-8-1899</u> | 9. AGE (In years last birthday) <u>55</u> | 10. UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (State or foreign country) <u>Pemiscott, County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>Willie Cunningham</u> | 13b. MOTHER'S MAIDEN NAME <u>Alice Treece</u> | 14. NAME OF HUSBAND OR WIFE <u>Vivian 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>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Sam Handley Gideon, Mo. Rte # 1</u> | 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. | MEDICAL CERTIFICATION | | 18. INTERVAL BETWEEN ONSET AND DEATH <u>one year</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meningovascular Syphilis</u> | | |
| | 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. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 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) <u>020X</u> |
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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 _____ |
|---|--|---------------------------------|

22. I hereby certify that I attended the deceased from Nov 8, 1954 to Nov 22, 1954, that I last saw the deceased alive on Nov 22, 1954, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>A. O. Shanks, M.D.</u> (Degree or title) | 23b. ADDRESS <u>Cape Girardeau, Mo</u> | 23c. DATE SIGNED <u>12-2-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-24-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>New Malden</u> | 24d. LOCATION (City, town, or county) (State) <u>Malden, Missouri</u> |
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| | | | |
|---|--|------|---|
| DATE REC'D BY LOCAL REG. <u>12-6-54</u> | REGISTRAR'S SIGNATURE <u>C. G. Summers</u> | 44-0 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Russell Piggott, Ark.</u> ADDRESS _____ |
|---|--|------|---|

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 31 1955

1021191

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 _____

Orlie Rex Tate

working under my personal supervision.

Student Embalmer No. *519*

Signed *Orlie Rex Tate*
Student Embalmer

Signed *Lloyd Russell*
Licensed Embalmer No. *509 - Ark.*

P. O. Address *Piggott, Ark.*

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.