

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2358

State File No.

FILED FEB 1 1956

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give town) Waynesville, Mo		c. CITY OR TOWN Richland, Mo	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) 2 Wks.		e. STREET ADDRESS (If rural, give location) Rural. Rt.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville General Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Lois b. (Middle) Adele c. (Last) Cunningham			4. DATE OF DEATH (Month) (Day) (Year) Jan. 23, 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 1, 1919	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None.	11. BIRTHPLACE (City and State or Foreign Country) Coosbay, Oregon.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Geider		13b. MOTHER'S MAIDEN NAME Eva Woodward.		14. NAME OF HUSBAND OR WIFE Donald Bert 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. Unknown.		17. INFORMANT'S SIGNATURE OR NAME Donald Bert Cunningham ADDRESS Richland, Mo	

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		INTERVAL BETWEEN ONSET AND DEATH ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant melanoma		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 190X			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 1-9-1956, to 1-23-1956, that I last saw the deceased alive on 1-23-, 1956, and that death occurred at 5:36P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ervin J. Maveal D.O.		23b. ADDRESS Waynesville Missouri		23c. DATE SIGNED 1-26-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/26/56		24c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery		24d. LOCATION (City, town, or county) (State) Richland, Missouri	
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DATE REC'D BY LOCAL REG. 1-26-56		REGISTRAR'S SIGNATURE Pauline Anderson		25. FUNERAL HOME'S SIGNATURE HEDGES FUNERAL HOMES INC RICHLAND MO		ADDRESS Richland Mo	
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FEB 7 1956

Date Filed 1-28-56
File Number
Health Officer 1-26-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clarence J. Moss*

Licensed Embalmer No. 4

P. O. Address *W. J. Adams*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING 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.