

FILED MAR 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH5656
State File No.BIRTH NO. REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5772 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Merion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Merion</u>	
b. CITY OR TOWN <u>Speichard Medicine</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Speichard</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>Medicine Sup. 0650</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DESSIE</u> b. (Middle) <u>MARIE</u> c. (Last) <u>CUNNINGHAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-2-1956</u>		
5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>JAN 5 1897</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months Days Hours 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	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Perce</u>		13b. MOTHER'S MAIDEN NAME <u>Amie Stettin</u>	14. NAME OF HUSBAND OR WIFE <u>Allan Cunningham</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Allan Cunningham Speichard Mo</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>rowning</u>		DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm pond</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Medicine Merion Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____	21e. INJURY OCCURRED WHILE WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>975X</u>

22. I hereby certify that I attended the deceased from 6/1, 1890, to 3/2, 1956 that I last saw the deceased alive on 3/1, 1956 and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. L. Harris</u>	(Degree or title) <u>Dr.</u>	23b. ADDRESS <u>Medicine Mo</u>	23c. DATE SIGNED <u>3/3/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burned</u>	24b. DATE <u>3-4-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hay Rock Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Speichard Mo</u>
DATE REC'D BY LOCAL REG. <u>3-6-56</u>	REGISTRAR'S SIGNATURE <u>H. M. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>PK Payne</u>	ADDRESS <u>For Galt Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
R. K. Payne Jr.

Licensed Embalmer No. *340*

P. O. Address *Salt*

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.