

FILED SEP 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28034

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 306

300
1-56

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington, Mo. Rt. #3 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Farmington, Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francois Twp. Length of stay in 1b		d. STREET ADDRESS (If outside, give location) St. Francois Twp. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Effie Mae Cunningham			4. DATE OF DEATH Month Day Year Aug. 27, 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 26, 1894
9. AGE (In years last birthday) 62		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Sta. Genevieve Co., Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-Wife		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Williams		14. MOTHER'S MAIDEN NAME Annie Resinger	
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. None	17. INFORMANT Address Nesbit Cunningham Farmington, Mo. Rt. #3
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Paralysis DUE TO (b) Thrombotic Encephalomalacia & cerebral anoxia DUE TO (c) Arteriosclerosis & hypertensive cardiovascular disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diabetes mellitus			INTERVAL BETWEEN ONSET AND DEATH 2 da 3 wk. see yr
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20a. TIME OF INJURY Hour a. m. p. m. Month, Day, Year	20b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20d. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from 4-23-55 to 4-27-56 and last saw her ^{her} _{him} alive on 4-26-56 Death occurred at 7:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (If free or title) Marvin L. Eube D.O.		22b. ADDRESS Farmington, Mo.	22c. DATE SIGNED 8-29-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 30, 1956	23c. NAME OF CEMETERY OR CREMATORY Three Rivers Cem.	23d. LOCATION (City, town, or county) (State) Sta. Genevieve Co. Mo.
24. FUNERAL DIRECTOR Cowan	ADDRESS Farmington, Mo.	25. DATE RECD. BY LOCAL REG. Aug 29, 1956	26. REGISTRAR'S SIGNATURE Eather Rudloff

(Licensed Embalmer's Statement on Reverse Side)

SEP 23 1958

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.....



Licensed Embalmer No. 40

P. O. Address Farmington

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.