

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13869
State File No.

FILED APR 24 1957

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>LIVINGSTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LIVINGSTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHILLICOTHE</u>		c. CITY OR TOWN <u>CHILLICOTHE</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>90 YRS</u>		e. STREET ADDRESS (If rural, give location) <u>504 SAMUELS</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>504 SAMUELS</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>CHITTICK</u> c. (Last) <u>CUNNINGHAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 13 1957</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>29 OCTOBER 1864</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>MAMMOTH, WEST VIRGINIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>WILLIAM W. BILKINGSLEY</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>CHARLES 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 ADDRESS <u>MRS. CARRIE PEARL CHILLICOTHE, MO. 504 SAMUELS</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>Bronchitis pneumonia</u>		DUE TO (b) <u>Influenza</u>		<u>4 da</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Fractured right humerus</u>		<u>5 day</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>due to fall</u>		<u>9030</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	<u>20</u>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

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) <u>059</u> (COUNTY) <u>Livingston</u> (STATE) <u>MO</u>
21d. TIME OF INJURY. <u>3/30/57</u> (Month) (Day) (Year) (Hour) (Min) <u>7:00</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall on rug in home</u>

22. I hereby certify that I attended the deceased from March 29 1957, to April 13, 1957, that I last saw the deceased alive on April 13, 1957 and that death occurred at 7 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. M. Russell M.D.</u> (Degree or title)	23b. ADDRESS <u>Chillicothe, Mo.</u>	23c. DATE SIGNED <u>4/11/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-15-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EDGEWOOD</u>
24d. LOCATION (City, town, or county) (State) <u>CHILLICOTHE, MISSOURI</u>		

DATE REC'D BY LOCAL REG. <u>4/11/57</u>	REGISTRAR'S SIGNATURE <u>Francis P. Neale</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>NORMAN FUNERAL HOME, CHILLICOTHE, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1710

APR 29 1957

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 *Joseph M. Heben*.....
Licensed Embalmer No. *4769*

P. O. Address *Chillicothe*.....

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.