

FILED JUN 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18354

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY St. Francis Co.			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bonne Terre, Mo. Rt. #1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 6th		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Lawrence Middle Cunningham Last Cunningham			4. DATE OF DEATH Month May Day 25 Year 1957		
5. SEX Male	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 March 21, 1894	9. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Francis Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Cyrus Cunningham			14. MOTHER'S MAIDEN NAME Sarah Hopkins		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Mrs. Lawrence Cunningham, RFD #1, Bonne Terre, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed chest & multiple injuries Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) coroner jury verdict: by accident on the result of a tornado May 21, 1957 DUE TO (c) result of a tornado May 21, 1957					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Injuries received in tornado				
20c. TIME OF INJURY Hour a. m. / Month Day, Year 5/21/57					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Farm home	20f. CITY, TOWN, OR LOCATION St. Francis		STATE Mo.
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Burl J. Miller, Coroner			22b. ADDRESS Farmington, Mo.		22c. DATE SIGNED 5/29/57
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE May 28, 1957	23c. NAME OF CEMETERY OR CREMATORY Three Rivers Cem.		23d. LOCATION (City, town, or county) (State) Ste. Genevieve Co., Mo.	
24. FUNERAL DIRECTOR G. H. Gozean, Farmington, Mo.		25. DATE RECD. BY LOCAL REG. May 29, 1957		26. REGISTRAR'S SIGNATURE Ether Rudloff	

1981 1 100

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.