

1. No symptoms were noted at the time of death due to natural causes. Coroner cannot certify to a death due to natural causes. Coroner must be causally related. Diseases in Part I must be typewritten if possible.

FILED JUN 5 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6073 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY <b>St. Francois County</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Colorado</b> b. COUNTY <b>El Paso</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Perry Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Colorado Springs</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in <sup>1b</sup> <b>3 days</b>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Mary Cunningham</b>				4. DATE OF DEATH <b>May 21, 1957</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>6/15/1888</b>		9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>22</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>Walt M. Smith.</b>				14. MOTHER'S MAIDEN NAME <b>Sarah Marks</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>522-22-8700</b>		17. INFORMANT Address <b>Harold Cunningham Phoenix, Ariz.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple Injuries</b> DUE TO (b) <b>Coronary Jury Verdict: by accident rather</b> DUE TO (c) <b>result of a tornado May 21, 1957</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>9340</b>						INTERVAL BETWEEN ONSET AND DEATH <b>22</b>	
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.) <b>Tornado Victim Injuries in tornado</b>					
20c. TIME OF INJURY Hour <b>5/21/57</b> a. m. <b></b> p. m. <b></b>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm Residence</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>St. Francois County, Missouri</b>			
21. I attended the deceased from _____ to _____ and last saw her 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) <b>Bert J. Miller</b>				22b. ADDRESS <b>Coroners Farmington, Mo</b>		22c. DATE SIGNED <b>5/29/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>5/26/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Colorado Springs, Colo.</b>		23d. LOCATION (City, town, or county) (State) <b></b>		
24. FUNERAL DIRECTOR ADDRESS <b>SPARKS FUNERAL HOME Bonne Terre, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>5/29/57</b>		26. REGISTRAR'S SIGNATURE <b>Eather Rudloff</b>	

(Licensed Embalmer's Statement on Reverse Side)

JUN 5 1962

MAY 23 1962

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 Everett Speck

Licensed Embalmer No. 42

P. O. Address Barnes Lane

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.