

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034127
STATE FILE NUMBER

FILED OCT 10 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9405

5. 300
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MISSOURI b. COUNTY JEFFERSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FESTUS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
18 FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION PARK LANE HOSP.		Length of stay in 1b 29	d. STREET ADDRESS 3 N. THIRD		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FLORENCE R. CUNNINGHAM			4. DATE OF DEATH Month Day Year 9-28-58		
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 4-29-1893	9. AGE (In years last birthday) 65	FUNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) FLETCHER MO, 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME MARIAN DAVIS		13b. MOTHER'S MAIDEN NAME MARY E. WHITWORTH		14. NAME OF HUSBAND OR WIFE ROBERT	
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.	17. INFORMANT Address ROBERT CUNNINGHAM FESTUS, 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) <i>Generalized Peritonitis</i> DUE TO (b) <i>Acute Intestinal Obstruction</i> DUE TO (c) <i>Adenocarcinoma of Sigmoid</i>					INTERVAL BETWEEN ONSET AND DEATH <i>5 weeks</i> <i>5 weeks</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>153.3</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>June 15, 1958</i> to <i>September 28, 1958</i> and last saw her alive on <i>September 28, 1958</i> Death occurred at <i>1:30 P.</i> m on the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Thomas F. Summer, M.D.</i>			22b. ADDRESS <i>3857 Lindell St. Louis 8 Mo.</i>		22c. DATE SIGNED <i>10-1-58.</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE <i>10-2-58</i>	23c. NAME OF CEMETERY OR CREMATORY DANBY CEMETERY		23d. LOCATION (City, town, or county) (State) DANBY, MO.
24. FUNERAL DIRECTOR ADDRESS GENTRY R. POLITTE CRYSTAL CITY, MO.			25. DATE RECD. BY LOCAL REG. OCT 1 '58	26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

m & B.

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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 *Gentry R. Pelitt*

Licensed Embalmer No. *3481*
P. O. Address *Crystal City*

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.