

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005045

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 002 Primary Registration District No. 4009 Registrar's No. 30

FILED FEB 19 1963

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
0020				
2020				
3				
4 1				
5 0				
6				
7 1				
8 2				
9788.0				
10				
11				
12 90-0	MEDICAL CERTIFICATION	SHOULD READ	BY AFFIDAVIT OF	
13 2-0				

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Andrew	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Savannah		c. CITY OR TOWN Savannah	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 110 South Carson		d. STREET ADDRESS (If outside, give location) 110 South Carson	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Katie Middle Lee Last Cunningham			4. DATE OF DEATH Month February Day 6 Year 1963
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-2-98
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lee County, Virginia
13a. FATHER'S NAME John Cunningham		13b. MOTHER'S MAIDEN NAME Cora DeVault	12. CITIZEN OF WHAT COUNTRY U S A
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dehydration		17. INFORMANT. Address Oscar Cunningham, Savannah, Mo.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 90 days	
DUE TO (b)			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congenital anomalies, Spina Bifida, and Curvature of the Spine			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour 1:00 AM Month, Day, Year		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from 8-8-62 to 2-6-63 and last saw her alive on 1-18-63 Death occurred at 1:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Warren B. Balsam		22b. ADDRESS Savannah, Missouri	
22c. DATE SIGNED 2-8-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 2-8-63	23c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery	
23d. LOCATION (City, town, or county) Graham, Mo.		(State)	
24. FUNERAL DIRECTOR ADDRESS Breit & Hawkins Funeral Home		25. DATE RECD. BY LOCAL REG. 2-14-1963	
26. REGISTRAR'S SIGNATURE D. L. ...			

USE BLACK INK OR TYPEWRITER RIBBON

FEB 21 1963

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STATEMENT BY LICENSED EMBALMER

0-0-2

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 James P. Hawkins

Licensed Embalmer No. 4531

P. O. Address Savannah

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.