

FILED FEB 1 1950

DEPARTMENT OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 6

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Sullivan 1056</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirksville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural, Jackson Township</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Laughlin Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>12 mi NW of Green City, Mo.</b>	
3. NAME OF DECEASED a. (First) <b>Mary</b> b. (Middle) <b>Olive</b> c. (Last) <b>Cunningham</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>January 21, 1950</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED// WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>November 16, 1883</b>
9. AGE (In years last birthday) <b>66</b>		10. MONTHS <b>2</b>	11. DAYS <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Work on Farm</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri 0</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Edward Cunningham</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Ann Harbourn</b>		14. NAME OF HUSBAND OR WIFE <b>Single</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.	
17. INFORMANT'S SIGNATURE OR NAME <i>Harvey Cunningham</i>		ADDRESS <b>1900 Oak Mo</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Toxic coma</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cirrhosis of liver of unknown cause</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>2-18-49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Surgical exploration- cirrhosis of liver</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		5810	
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) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>2-18-49, 19</b> , to <b>1-21-50, 19</b> , that I last saw the deceased alive on <b>1-21-50, 19</b> , and that death occurred at <b>9:05 Pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Clara Laughlin J. D.O.</i>		23b. ADDRESS <b>Kirksville, Mo.</b>	
23c. DATE SIGNED <b>1-22-50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Jan 23 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Holliday Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>8 mi NW Green City Mo.</b>		DATE REC'D BY LOCAL REG. <b>1-25-50</b>	
REGISTRAR'S SIGNATURE <i>Kate Lambert</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Glenn E. Kent &amp; Ed Brown</i>	
ADDRESS		ADDRESS	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED JAN 30 1950  
District Health Officer No. 10

District File Number 1-50-192

Date Filed JAN 30 1950

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 .....  
Student Embalmer

Signed Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, Mo

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 this body is not embalmed, fact should be so stated above.