

FILED FEB 23 1950

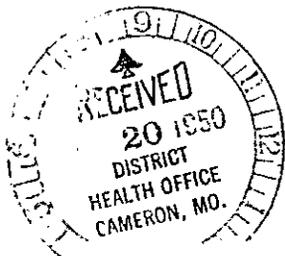
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4048

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BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4060 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Breckinridge</u>		c. LENGTH OF STAY (in this place) <u>6 Mo</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe Mo 0592</u>		d. STREET ADDRESS (If rural, give location) <u>769 Graves</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nick Nursing Home in Audubon</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>M.</u> c. (Last) <u>Curran</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-14-50</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>June 12, 1862</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>St. Charles Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Abner T. Cunningham</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann James</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. V. R. Vanstone - Chicago, Ill.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>331X</u>	
19a. DATE OF OPERATION <u>NO</u>	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	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) m.	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 <u>Feb 8</u> , 1950, to <u>Feb 14</u> , 1950, that I last saw the deceased alive on <u>Feb 14</u> , 1950, and that death occurred at <u>11 P</u> m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>E A Thompson M.D.</u>			23b. ADDRESS <u>Breckinridge Mo</u>		23c. DATE SIGNED <u>Feb 16-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-16-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood</u>	24d. LOCATION (City, town, or county) (State) <u>Chillicothe Mo</u>			
DATE REC'D BY LOCAL REG. <u>2-17-50</u>	REGISTRAR'S SIGNATURE <u>Mrs. Nell P. Jones</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Donald Jordan</u>	ADDRESS <u>Chillicothe Mo</u>			



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 Donald Gardner

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.