

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11842

FILED MAY 5 1950

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 12

0041

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia		c. LENGTH OF STAY (If in this place) 36 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 213 East State		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia	
		d. STREET ADDRESS (If rural, give location) 213 East State	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Cunningham c. (Last) McConnell			4. DATE OF DEATH (Month) (Day) (Year) April 22, 1950		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 27, 1881	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 25	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work if during part of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Scotland	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Duncan Cunningham	13b. MOTHER'S MAIDEN NAME Margaret Ferguson	14. NAME OF HUSBAND OR WIFE John Mitchell McConnell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY (If yes, give war or dates of service) 493-03-8190	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John M. McConnell, Vandalia, Mo
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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, asthemia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma lung		1 Month
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of breast DUE TO (c)		1 year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		170X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 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 April 10, 1950, to April 22, 1950, that I last saw the deceased alive on April 9, 1950, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Ewan Devere MD	(Degree or title)	23b. ADDRESS Vandalia, Mo	23c. DATE SIGNED 4/23/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 24, 1950	24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery	24d. LOCATION (City, town, or county) (State) Vandalia, Missouri
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DATE REC'D BY LOCAL REG. April 25 1950	REGISTRAR'S SIGNATURE Mollie Ferguson	FUNERAL DIRECTOR'S SIGNATURE W. Waters	ADDRESS Vandalia, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

LAST DAY WORKED AT FLY-WALKER FEB 1947

RECEIVED MAY 1 1950
District Health Officer No. 10
District File Number.....
Date Filed

MAY 2 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 William B. Gates

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.