

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

0360
 26529
 State File No.

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5428 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gerald, Rural-Boone Twp.</u>		c. LENGTH OF STAY (in this place) <u>1 yr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gerald Rural-Boone</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile S of Gerald</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile S of Gerald</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Selma</u> b. (Middle) <u>B.</u> c. (Last) <u>Cunningham</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 17-50</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Feb 3-1977</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 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) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13. FATHER'S NAME <u>Paul Heitz</u>
13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>James A. Cunningham</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alda Manchester</u>	ADDRESS <u>Selma, Mo.</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				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
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) <u>Hypertension</u> DUE TO (c) <u>Arterial Sclerosis</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	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>July</u> , 19 <u>49</u> , to <u>Aug 17, 1950</u> , that I last saw the deceased alive, on <u>Aug 11</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Chas. A. Schmitt, M.D.</u> (Degree or title)			23b. ADDRESS <u>Renald mo</u>		23c. DATE SIGNED <u>8-18-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Aug 19-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Bethany</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley E. Meyer</u>	ADDRESS <u>St. Louis Mo.</u>
DATE REC'D BY LOCAL REG. <u>8-18-50</u>	REGISTRAR'S SIGNATURE <u>W. Matthews</u>	95	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley E. Meyer</u>	ADDRESS <u>St. Louis Mo.</u>	

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

360

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP - 5 1950

RECEIVED

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

Stanley C. Meyer

Licensed Embalmer No.

4639

P. O. Address

Gerald, 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.