

FILED SEP 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHEstes 29661
State File No.BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 291

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>		
b. CITY (If outside corporate limits, file RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>5 9/16</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson Mo 0160</u>		d. STREET ADDRESS (If rural, give location) <u>Route 3 1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mo. Hospital</u>					
3. NAME OF DECEASED a. (First) <u>Emily</u> b. (Middle) <u>-</u> c. (Last) <u>Cunningham</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 18 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 1, 1891</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Hand work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau Mo</u>		12. CITIZEN OR WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Luc</u>		13b. MOTHER'S MAIDEN NAME <u>Luc</u>		14. NAME OF HUSBAND OR WIFE <u>Roy Cunningham</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roy Cunningham Jackson 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, ashenia, 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>			INTERVAL BETWEEN ONSET AND DEATH		
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>Diabetes mellitus</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Degenerative vascular disease</u>			<u>210X</u>		
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) (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 <u>9-15</u> , 19 <u>50</u> , to <u>9-18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9-18</u> , 19 <u>50</u> , and that death occurred at <u>1:05 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Albert M. Estes (M.D.)</u>			23b. ADDRESS <u>Cape Girardeau 714 1/2 W. way</u>		23c. DATE SIGNED <u>Mo 9-21-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Sept 21-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-21-1950</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. L. Howell Cape Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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. 388

working under my personal supervision.

Student

Charles F. Braine

Student Embalmer

Signed

W. H. Estes

Licensed Embalmer No. 3368

P. O. Address _____

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.