

FILED JAN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 11471
 Registrar's No. 429

0644

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

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>429</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place) <u>45 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		d. STREET ADDRESS (If rural, give location) <u>509 Riverside St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>509 Riverside St.</u>				d. STREET ADDRESS (If rural, give location) <u>509 Riverside St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATHERINE</u>			b. (Middle) <u>QUINN</u>		c. (Last) <u>CUNNINGHAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27, 1950</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 17, 1867</u>		9. AGE (in years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 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 <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Prairie DuCheen, Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Patrick Quinn</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen -----</u>		14. NAME OF HUSBAND OR WIFE <u>Edw. E. 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. -----		17. INFORMANT'S SIGNATURE OR NAME <u>Hannibal Mrs. T. L. Jones, 509 Riverside</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, lobar</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerotic heart disease</u> DUE TO (c) <u>from 1 Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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>12-19</u> , 19 <u>50</u> , to <u>12-27</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-27</u> , 19 <u>50</u> , and that death occurred at <u>1:15</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. B. Norton M.D.</u>				23b. ADDRESS <u>Hannibal Mo.</u>		23c. DATE SIGNED <u>12-29-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/30/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>12-29-50</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Arthur A. Schwanz</u>		ADDRESS <u>Hannibal, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 2 1951
MARION, O. HEALTH DEPT.
DATE FILED JAN 3 1951

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 *Nova E. Foster*

Licensed Embalmer No. *4742*

P. O. Address *Harrodsburg 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.