

FILED MAY 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15266

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6145 Registrar's No. 38

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| 1. PLACE OF DEATH a. COUNTY Shelby | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural - Saltriver Twp.) c. LENGTH OF STAY (in this place) 40 yrs. | | c. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural - Saltriver Twp.) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) 4 miles North-West Shelbina | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Eliza b. (Middle) (none) c. (Last) Cunningham | 4. DATE OF DEATH (Month) (Day) (Year) April 28, 1951 |
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|--|-------------------------------|---|---|---|---|--------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH Oct. 16, 1872 | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months Days Hours | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse | | 10b. KIND OF BUSINESS OR INDUSTRY Hospital | 11. BIRTHPLACE (State or foreign country) St. Paul, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |

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| 13a. FATHER'S NAME John W. Cunningham | 13b. MOTHER'S MAIDEN NAME Margaret I. Dunnivant | 14. NAME OF HUSBAND OR WIFE None |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Frank Pritchard - Shelbina, Mo. | ADDRESS _____ |
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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, asphyxia, 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) Hypostatic pneumonia | | 24 hrs |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis - Hypertension | | 3 mo |
| DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 447X | 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) | 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 **Jan. 19 50**, to **4/28**, 1951, that I last saw the deceased alive on **4/29**, 1951, and that death occurred at **4:15 P.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE F. J. Heschler M.D. (Degree or title) | 23b. ADDRESS Shelbina Mo | 23c. DATE SIGNED 5/3/51 |
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|---|---|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4-30-51 | 24c. NAME OF CEMETERY OR CREMATORY Shelbina Cemetery | 24d. LOCATION (City, town, or county) (State) Shelbina, Missouri |
| DATE REC'D BY LOCAL REG. 5-3-51 | REGISTRAR'S SIGNATURE Ada Garrison | 419 | 25. FUNERAL DIRECTOR'S SIGNATURE E. Hayes ADDRESS Shelbina, Mo. |

(Licensed Embalmer's Statement on Reverse Side)

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

10720

Date Received: MAY 7 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-57-874
Date Filed: MAY 8 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 *Paul E. Hayes* _____

Licensed Embalmer No. *4461* _____

P. O. Address *Shelton, 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.