

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38391

State File No.

FILED DEC 13 1951

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 128

1821
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>PIKE CO.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY OR TOWN <u>LOUISIANA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOUISIANA 0821</u>	
c. LENGTH OF STAY (in this place) <u>9 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>VANDEVENTER HILL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIKE CO. HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WARREN</u>	b. (Middle) <u>EDWARD</u>	c. (Last) <u>CUNNINGHAM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 29, 1951</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JUNE 5, 1946</u>	9. AGE (In years last birthday) <u>5</u> Months <u>5</u> Days <u>24</u>	IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>	IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>LOUISIANA, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>EARNEST CUNNINGHAM</u>	13b. MOTHER'S MAIDEN NAME <u>IRENE DEMPSEY</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>EARNEST CUNNINGHAM</u>	ADDRESS <u>LOUISIANA, MO.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>TETANUS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 H.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Third Degree Burn</u>		
	DUE TO (c) <u>NONE</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>			

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) <u>0821</u>
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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? _____
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22. I hereby certify that I attended the deceased from 11-20, 1951, to 11-29, 1951, that I last saw the deceased alive on 11-29, 1951, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L. Johnson Jr M.D.</u> (Degree or title)	23b. ADDRESS <u>LOUISIANA, MO</u>	23c. DATE SIGNED <u>11-29-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>12/1/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>TAYLOR CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>PIKE CO., ILLINOIS</u>
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DATE REC'D BY LOCAL REG. <u>Dec 1, 1951</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u> 374	25. FUNERAL DIRECTOR'S SIGNATURE <u>STERNE FUNERAL HOME</u>	ADDRESS <u>LOUISIANA MISSOURI</u>
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Date Received: DEC 10 1951
DISTRICT HEALTH OFFICE
District File Number 12-51-223
Date Filed: DEC 11 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Virginia M. Sterne

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.