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

Corrected by Affidavit of Funeral Director 2-16-61

FILED APR 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12033

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 405

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 48 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 117 Mass. Ave. 0

3. NAME OF DECEASED (Type or Print)
a. (First) Gertrude b. (Middle) ~~Gertrude~~ E. c. (Last) Cunningham

4. DATE OF DEATH (Month) (Day) (Year): Apr. 13, 1952

5. SEX: Fe Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ~~Married~~
8. DATE OF BIRTH: Feb. 11, 1884
9. AGE (In years last birthday): 68 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Watson, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Brown
13b. MOTHER'S MAIDEN NAME: Eliza Brown
14. NAME OF HUSBAND OR WIFE: John F. Cunningham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: John F. Cunningham 117 Mass. Ave.

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Encephalopathy — INTERVAL BETWEEN ONSET AND DEATH: 6 Mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension — 1 yr

~~DUE TO (c)~~ & Arteriosclerosis — 1 yr

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: None 332 X
20. AUTOPSY? YES ☐ NO ☒

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): None
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* 12-2 *1951, to* 4-13 *, 1952, that I last saw the deceased alive on* 4-12 *, 1952, and that death occurred at* 845a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Allen J. Herman (Degree or title): M.D.
23b. ADDRESS: 706 Francis St
23c. DATE SIGNED: 4-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 15, 1952
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): St Joseph, Mo.

DATE REC'D BY LOCAL REG.: April 16, 1952
REGISTRAR'S SIGNATURE: Carl C. Cash M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Earl Clark
ADDRESS: 120 Illinois

(Licensed Embalmer's Statement on Reverse Side)

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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 Earl R. Clark

Signed.....
Student Embalmer

Licensed Embalmer No. 4238

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State of Missouri
County of Buchanan } ss.

State File No. 12033-52

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 405

On this 14th day of February, 1961, before me appears Earl A. Clark ~~Mrs. Helen E. Duncan~~, who, upon ~~her~~ his oath, states that the original record of ~~birth~~ death for Gretrude E. Cunningham ~~born~~ died April 13, 1952, in the State of Missouri, and which was filed at Jefferson City, Missouri on Apr. 16, 1952, should be corrected as follows:

Item No. ..... should read .....

Instead of .....

Item No. 3-a should read Gertrude

Instead of Gretrude

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Earl A. Clark
Relationship. Funeral Director
Present Address. 120 Illinois Ave. St. Joseph, Mo.

Subscribed and sworn to before me this 14th day of February, 1961

My Commission expires 12/25/61 Notary Public.

2. An item already amended may be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimation procedures.

V. S. 460