

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41804**

FILED DEC 11 1953

BIRTH NO. _____ REG. DIST. NO. **353** PRIMARY REG. DIST. NO. **3074** Registrar's No. **182**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY OR TOWN Sikeston		c. CITY OR TOWN Bertrand	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 days		e. STREET ADDRESS 0670 (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hosp			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) —	c. (Last) Cunningham	4. DATE OF DEATH (Month) (Day) (Year)
				11 27 1953

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-12-1866	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 60 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired barber and	10b. KIND OF BUSINESS OR INDUSTRY coal dealer	11. BIRTHPLACE (City and State or Foreign Country) Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Cunningham	13b. MOTHER'S MAIDEN NAME Sarah Martin	14. NAME OF HUSBAND OR WIFE Unknown -deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Bill McCubbins, Charleston, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovascular Disease		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) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia		

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)
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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?
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22. I hereby certify that I attended the deceased from **11-18, 1953**, to **11-27, 1953**, that I last saw the deceased alive on **11-27, 1953**, and that death occurred at **1:25A m.**, from the causes and on the date stated above.

23a. SIGNATURE (In free or full) Alden Sargent	23b. ADDRESS Sikeston, Mo.	23c. DATE SIGNED 11-28-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-29-1953	24c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery	24d. LOCATION (City, town, or county) (State) Charleston, Mo.
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DATE REC'D BY LOCAL REG. 12-2-53	REGISTRAR'S SIGNATURE Mrs. Celia Hughes	25. FUNERAL DIRECTOR'S SIGNATURE Samuel J. ...	ADDRESS The Nunnelee Funeral Chapel, Charleston, Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

DEC 7 1953

RECEIVED

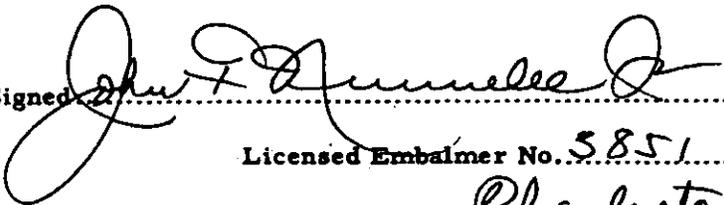
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1253-258

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.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 5851.....

P. O. Address Charleston, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.