

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10873

State File No.

FILED MAR 30 1954

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BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 6109 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>SCOTLAND</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>SCOTLAND</u>	
b. CITY OR TOWN <u>RURAL UNION</u>	c. LENGTH OF STAY (in this place) <u>SOYRS</u>	c. CITY OR TOWN <u>UNION TWS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>4 MI. N. OF MEMPHIS</u>	
3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>CUNNINGHAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mch. 21, 1954</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 6, 1876</u>
9. AGE (in years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPING</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>SCOTLAND Co. Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>EMARION ALWARD</u>	
13b. MOTHER'S MAIDEN NAME <u>SUSAN FRANCES BRIGGS</u>		14. NAME OF HUSBAND OR WIFE <u>O.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. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Grace Rudy</u> ADDRESS <u>MEMPHIS Mo</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary in Ovary</u> DUE TO (c) 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 <u>175X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Feb 22, 1953</u> , to <u>March 21, 1954</u> , that I last saw the deceased alive on <u>Mar 21, 1954</u> , and that death occurred at <u>5 A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L. E. Lowe</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Memphis, Mo.</u>	23c. DATE SIGNED <u>3-23-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-23-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMPHIS</u>	24d. LOCATION (City, town, or county) (State) <u>MEMPHIS Mo.</u>
DATE REC'D BY LOCAL REG. <u>3/25/54</u>	REGISTRAR'S SIGNATURE <u>Vera G. Turner</u> 476	25. FOREMAN DIRECTOR'S SIGNATURE <u>A. W. Payne</u> ADDRESS <u>Rosa Memphis Mo.</u>	

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

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 *Neal Payne*.....

Licensed Embalmer No. *255*

P. O. Address *Memphis*

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.