

No. 300
0.48

FILED JUN 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17028

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY OR TOWN BONNE TERRE		c. CITY OR TOWN BONNE TERRE	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) R.R. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL		0940	

3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) MINNIE c. (Last) CUNNING			4. DATE OF DEATH (Month) (Day) (Year) MAY 19, 1954		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 9, 1883	9. AGE (In years last birthday) 71	10. UNDER 1 YEAR 0 11. UNDER 2 HRS. 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY V	11. BIRTHPLACE (City and State or Foreign Country) CLAY CO. ARK.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME PETER RAGSDALE	13b. MOTHER'S MAIDEN NAME LOUELLEN MAYBERRY	14. NAME OF HUSBAND OR WIFE WAYNE CUNNING
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME EDWIN BAYLES ADDRESS R.L. BONNE TERRE MO.

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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarction of myocardium		DUE TO (b) Arteriosclerotic coronary thrombosis		8 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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	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)	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 **May 14, 1954**, to **May 19, 1954**, that I last saw the deceased alive on **May 19, 1954**, and that death occurred at **4:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jack Walker M.D.	23b. ADDRESS Bonne Terre, Mo.	23c. DATE SIGNED 5-21-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 21, 1954	24c. NAME OF CEMETERY OR CREMATORY BAYLES CEMETERY
24d. LOCATION (City, town, or county) (State) R-1 BONNE TERRE MO	25. FUNERAL DIRECTOR'S SIGNATURE Barham G. L... Mo. ADDRESS	
DATE REC'D BY LOCAL REG. May 21, 1954	REGISTRAR'S SIGNATURE Ether Redlogg	209

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 4 1956

AUG 9 1957

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.....
C. J. Claywell

Licensed Embalmer No. 370
P. O. Address.....

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.