

FILED JUN 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17320

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1213

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo		b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester, Mo.		c. LENGTH OF STAY (in this place) 20 days		c. CITY OR TOWN ST. CHARLES	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home				d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
STREET ADDRESS (If rural, give location) R.R.#1				0926	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Lottie	b. (Middle) Jane	c. (Last) Cundiff	(Month) May	(Day) 27	(Year) 1955

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug. 25, 1872	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hour	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 (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Noah Hart		13b. MOTHER'S MAIDEN NAME UNK. MEGARVIN		14. NAME OF HUSBAND OR WIFE (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) NO NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Pine Crest Nursing Home, Manchester		ADDRESS 10.	
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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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis			
				DUE TO (c) Hypertension			
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 443X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <input type="checkbox"/> WORK 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 May 7, 1955, to May 27, 1955, that I last saw the deceased alive on May 26, 1955, and that death occurred at 1:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. H. Jensen M.D.		23b. ADDRESS 932 Newport Webster, Gravois Mo		23c. DATE SIGNED 5/27/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE MAY 28, 1955		24c. NAME OF CEMETERY OR CREMATORY LIBERTY BAPTIST CEM.		24d. LOCATION (City, town, or county) (State) BIG SPRING Mo	
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DATE REC'D BY LOCAL REG. 5/28/55		REGISTRAR'S SIGNATURE Herbert R. Donke, M.D.		FUNERAL DIRECTOR'S SIGNATURE P. L. Prunster		ADDRESS ST. CHARLES Mo	
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(Licensed Embalmer's Statement on Reverse Side)

PRINSTER HUGHES FUNERAL HOME INC.

^ STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

J Wm Binkley

Licensed Embalmer No. 3

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.