FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29369

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 4173 Registrar's No. 49

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Douglas
c. CITY OR TOWN: Ava
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 0340

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) Cunningham c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): Aug. 4, 1955

5. SEX: F. M.

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 22 1870

9. AGE (In years last birthday): 85
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 (City and State or Foreign Country): Dauphan Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Marshall Stephens

13b. MOTHER'S MAIDEN NAME: Samantha Smeltser

14. NAME OF HUSBAND OR WIFE: Jesse H. 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: Euchie Cunningham, Ava Mo.

MEDICAL CERTIFICATION

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.*

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): Hypostension
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 4+3X

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):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-11, 1951, *to* 8-4, 1955, *that I last saw the deceased alive on* 8-4, 1955, *and that death occurred at* 9:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. C. P. Hanlan D.O.

23b. ADDRESS: Ava Mo

23c. DATE SIGNED: 8-6-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8-7-55

24c. NAME OF CEMETERY OR CREMATORY: Smeltzer Pond

24d. LOCATION (City, town, or county) (State): Dora, Mo.

DATE REC'D BY LOCAL REG.: Sept 13-55

REGISTRAR'S SIGNATURE: Vestal Bushman

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Cunningham Funeral Home Ava Mo

(Licensed Embalmer's Statement on Reverse Side)

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 e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lyle S. Slaughter

Licensed Embalmer No. 4

P. O. Address Ava, M

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.