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

FILED MAY 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13844

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO 5635 Registrar's No. 81

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Conway Rural
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) Rural Route #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Laclede
c. CITY OR TOWN Conway Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) R. R. # 1.

0535

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

4. DATE OF DEATH (Month) (Day) (Year) April 30, 1956

5. SEX F
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Dec. 28, 1872
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR: Months 4, Days 2 — 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
11. BIRTHPLACE (City and State or Foreign Country) Laclede Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joel F. Johnson
13b. MOTHER'S MAIDEN NAME Louisa C. Hake
14. NAME OF HUSBAND OR WIFE Wm O. 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 Thos W. Cunningham ADDRESS Conway 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 3 Mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
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 None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
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* 4/27 *19*56, *to* 4/30, *19*56, *that I last saw the deceased alive on* 4/30, *19*56, *and that death occurred at* 1:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE George E. Fisher (Degree or title) M.D.
23b. ADDRESS Lebanon, Mo
23c. DATE SIGNED 5/3/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/2/56
24c. NAME OF CEMETERY OR CREMATORY Roper Cemetery
24d. LOCATION (City, town, or county) (State) near Morgan, Mo.

DATE REC'D BY LOCAL REG. 5-5-1956
REGISTRAR'S SIGNATURE Stella L. Gray
25. FUNERAL DIRECTOR'S SIGNATURE Holman Funeral Home ADDRESS Lebanon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

2-40

Received 5-14-56

Laclede County Health Unit

File No. 81

Date Filed 5-14-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 42

P. O. Address Lebano

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