

FILED MAY 10 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

14590

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4085**

|   |                                  |   |   |   |   |
|---|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN <b>St. Louis</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>Homer G. Phillips</b>  |                                  | Length of stay in lb<br><b>30 yrs.</b>  | STREET ADDRESS (If outside, give location)<br><b>3411 Delmar</b>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>               |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Mattie</b> Middle <b>Cunningham</b> Last <b>Cunningham</b>  |                                  |   | 4. DATE OF DEATH<br>Month <b>4</b> Day <b>26</b> Year <b>57</b>   |   |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>Negro</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Jan. 8, 1888</b>   | 9. AGE (In years last birthday)<br><b>69</b>                      | IF UNDER 1 YEAR<br>Months <b>3</b> Days <b>18</b><br>IF UNDER 24 HRS.<br>Hours <b></b> Min. <b></b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Seamstress</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   |   | 11. BIRTHPLACE (City and state or country)<br><b>Varner, Ark.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>   |
| 13. FATHER'S NAME<br><b>Henry Cook</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Margaret Simpson</b>   |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>495-22-6223</b>   |   | 17. INFORMANT<br><b>General Cook Box 73 Varner, Ark.</b>          |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis due to Arteriosclerosis</b>   |                                  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>Undet.</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |                                  |   |   |   | <b>332X</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><b>Hyper Cardiovascular Disease</b>  |                                  |   |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)                                |   |   |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____ Year _____<br>a. m. _____ p. m. _____   |                                  |   |   |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE                         |   |
| 21. I attended the deceased from <b>4-19-57</b> to <b>4-26-57</b> and last saw her/him alive on <b>4-26-57</b><br>Death occurred at <b>12:00</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>Hueh Waters, M. D.</b>   |                                  |   | 22b. ADDRESS<br><b>2601 N. Whittier</b>   |   | 22c. DATE SIGNED<br><b>4-27-57</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |                                  | 23b. DATE<br><b>May 2, 1957</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Dora Bell Cemetery</b>   |   | 23d. LOCATION (City, town, or county) (State)<br><b>Varner, Arkansas</b>                            |
| 24. FUNERAL DIRECTOR<br><b>J. H. RANDLE &amp; SON</b>   |                                  | ADDRESS<br><b>3133 Bell Ave.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>APR 29 '57</b>                 | 26. REGISTRAR'S SIGNATURE<br><b>Clay Smith MO</b>   |

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All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

securing the medical certificate in the same manner as a physician's certificate.

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 *Ecker K. Harris*.....

Licensed Embalmer No. *449*

P. O. Address *4781 Wacker*

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.