

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18370

STATE FILE NUMBER

FILED JUN 5 1957

Registration District No. 316 Primary Registration District No. 6073 Registrar's No. 159

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St. Francois		b. CITY (If outside corporate limits, give TOWNSHIP OR TOWN) Boone Terre, Mo. Rt. 1		a. STATE Missouri COUNTY St. Francois		c. CITY OR TOWN Farmington, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perry Twp.		Length of stay in 1b		d. STREET ADDRESS 517 So. Washington		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Hubert		Middle		Last Cunningham		Month May Day 21 Year 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar. 27, 1897	
9. AGE (In years last birthday) 60		10. KIND OF BUSINESS OR INDUSTRY Supply Grocery, Store		11. BIRTHPLACE (City and state or country) St. Genevieve Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				13. FATHER'S NAME Cyrus Cunningham			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Mrs. M. Glean Denison Farmington, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Injuries. DUE TO (b) Coroner Jury Verdict: by accident as the result of the tornado May 21, 1957 DUE TO (c) result of the tornado May 21, 1957 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE, CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" 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.) Injured in tornado					
20c. TIME OF INJURY		20d. INJURY OCCURRED					
Hour 5/21/57		Month 5/21/57		Day 5/21/57		Year 57	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) visiting farm home		20f. CITY, TOWN, OR LOCATION St. Francois Mo.					
21. I attended the deceased from _____ to _____ and last saw her alive on _____		Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Bull Miller Coroner 3				22b. ADDRESS Farmington, Mo.		22c. DATE SIGNED 5/29/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried		23b. DATE May 26, 1957		23c. NAME OF CEMETERY OR CREMATORY Parkview Cem.		23d. LOCATION (City, town, or county) (State) Farmington, Mo.	
24. FUNERAL DIRECTOR C. H. Cozzen		ADDRESS Farmington, Mo.		25. DATE RECD. BY LOCAL REG. May 29, 1957		26. REGISTRAR'S SIGNATURE Ether Reddick	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no history. 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

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JUN 11 1957
JUN 5 1957

JUN 13 1957

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed.....
Emerit Sparks

Licensed Embalmer No. *H.A.*

P. O. Address *Bonnie Le*

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.