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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035326  
STATE FILE NUMBER

FILED OCT 27 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 328

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirksville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION C. N. H. #2		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 415 E. Jefferson St.,
3. NAME OF DECEASED (Type or print) First Middle Last Lula Cunningham			4. DATE OF DEATH Month Day Year Oct. 19, 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 26, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years, lost birthday) 79
11. BIRTHPLACE (City and state or country) Jefferson City, Mo. 6		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Oliver Cheney		13b. MOTHER'S MAIDEN NAME Ellen Watts	14. NAME OF HUSBAND OR WIFE Wm. Elliott Cunningham
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO (unknown)		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Joe Lanza, Kirksville, 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) <i>Urosepsis</i> DUE TO (b) <i>Ascending Urinary tract infection</i> DUE TO (c) <i>Prolonged Catheterization for incontinence</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cerebral Vascular Accidents several years previous</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Days</i> <i>Months</i>
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.) <i>33V</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 <i>1-4-58</i> to <i>10-19-58</i> and last saw <i>her</i> alive on <i>10-19-58</i> Death occurred at <i>9:57 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>H. Scherer, D.O.</i>		22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED <i>10-20-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE <i>10/23/58</i>	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
23d. LOCATION (City, town, or county) Mexico, Mo.		(State)	
24. FUNERAL DIRECTOR <i>Samuel Ray</i> Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. <i>10-20-1958</i>	26. REGISTRAR'S SIGNATURE <i>Dora W. Rath</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Kenneth E. Hayes* .....

Licensed Embalmer No. *4890* .....  
P. O. Address *Kirkwood* .....

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.