RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-033376

STATE FILE NUMBER

FILED VS OCT 14 1959

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Putnam	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Sullivan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville — Length of stay in 1b 3 Days	c. CITY OR TOWN Pollock R.F.D. — Inside Limits Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Monroe Hospital — Inside Limits Yes ☑ No ☐	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print)	First: Nellie	Middle: Jane	Last: Cunningham	4. DATE OF DEATH Month Day Year: Oct. 2 1959
5. SEX: Female	6. COLOR OR RACE: White	7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 12-24 1894	9. AGE (last birthday): 64 — IF UNDER 1 YEAR Months 9 Days 8 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework	10b. KIND OF BUSINESS OR INDUSTRY: Farm	11. BIRTHPLACE (City and state or country): Sullivan County, Mo.	12. CITIZEN OF WHAT COUNTRY: U.S.A.	
13a. FATHER'S NAME: William Cunningham	13b. MOTHER'S MAIDEN NAME: Cora Mae Banner	14. NAME OF HUSBAND OR WIFE:		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: 500-44-3378	17. INFORMANT: Earnest E. Cunningham	Address: Pollock, Mo. R.F.D.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Shock from perforation of intestine due to carcinoma 1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) Carcinoma of uterus 8 years ago

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Sept 27-59, to Oct 2-59 and last saw her alive on Oct 2-59

Death occurred at 11:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Chas L Gilbert	22b. ADDRESS: Unionville Missouri	22c. DATE SIGNED: 10-5-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Oct. 5 1959	23c. NAME OF CEMETERY OR CREMATORY: Lemons Cemetery
23d. LOCATION (City, town, or county) (State): Lemons, Missouri		
24. FUNERAL DIRECTOR: Comstock Funeral Home By S. W. Comstock	ADDRESS: Unionville, Mo.	25. DATE RECD. BY LOCAL REG.: 10-5-59
26. REGISTRAR'S SIGNATURE: Marvell Durbin		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed James W. Comstock

Signature of Student Embalmer

Licensed Embalmer No. 4197

P. O. Address Uniontown

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