

MRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045788

FILED VS DEC 27 1960

STATE FILE NUMBER

Registration District No. 1228 Primary Registration District No. _____ Registrar's No. 1252

DEED

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Walnut Grove		Length of stay in 1b 9 years	c. CITY OR TOWN Walnut Grove Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First SARAH Middle ANN Last CUNNINGHAM			4. DATE OF DEATH Month Dec Day 15 Year 1960			
5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-2-1879	9. AGE (last birthday) 81	IF UNDER 1 YEAR IF UNDER 24 HR Months Days 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 country) Bois D' Arc, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Eli E. Hendrix		13b. MOTHER'S MAIDEN NAME Nancy Redfearn		14. NAME OF HUSBAND OR WIFE Ed Cunningham		

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. none	17. INFORMANT Mrs. Luther Mills, Walnut Grove, Mo	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY Occlusion DUE TO (b) ARTERIO-Sclerosis DUE TO (c) CARDIAC Decompenstion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? 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 Hour _____ a.m. _____ p.m. Month, Day, Year _____		

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 Walnut Grove, Mo	COUNTY	STATE
21. I attended the deceased from Dec 13 1960 to Dec 15 1960 and last saw her alive on Dec. 15-1960 Death occurred at 6:00 P.m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>Art. Stacey, Jr. DO</i>	(Degree or title)	22b. ADDRESS <i>Reh Grove, Mo</i>	22c. DATE SIGNED <i>12/16/60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 12-18-60	23c. NAME OF CEMETERY OR CREMATORY Clear Creek Cemetery	23d. LOCATION (City, town, or county) (State) Springfield, Mo.

24. FUNERAL DIRECTOR <i>David L. Daniel - Walnut Grove Mo.</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-20-60	26. REGISTRAR'S SIGNATURE <i>Effie B. Melton</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Ray S Ireland

Licensed Embalmer No. 5057
P. O. Address Walnut Hill

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