

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045972

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 490

FILED DEC 19 1961

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		Length of stay in 1b <u>1 Day</u>	c. CITY OR TOWN <u>Bonne Terre</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rural Route # 1</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Sarah</u> Middle <u>Louise</u> Last <u>Cunningham</u>			4. DATE OF DEATH Month <u>12</u> Day <u>12</u> Year <u>1961</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>2-23-1895</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph Lead</u>	11. BIRTHPLACE (City and state or country) <u>Bonne Terre Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>
13a. FATHER'S NAME <u>Edward Cunningham</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Winston</u>		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

17. INFORMANT Gertrude Smith-San Diego, Calif. Address 5328 Mitteg St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH one day

DUE TO (b) Arteriosclerotic Coronary Disease

DUE TO (c) _____

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

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

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No -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 COUNTY STATE
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21. I attended the deceased from 12-11-61 to 12-12-61 and last saw her alive on 12-12-61
Death occurred at 9:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>R.A. Duckstep M.D.</u> (Degree or title)	22b. ADDRESS <u>301 West Liberty, Farmington Mo.</u>	22c. DATE SIGNED <u>12-14-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-15-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Catholic</u>	23d. LOCATION (City, town, or county) (State) <u>Bonne Terre Mo.</u>
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24. FUNERAL DIRECTOR <u>C. Z Eoyer & Son</u> ADDRESS <u>Bonne Terre Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 14, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
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 by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Burke T. Boyer, Jr.

Licensed Embalmer No. 5117

P. O. Address Bonneton

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.