

FILED JUN 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21304

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 211

0942
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Flat River)		c. CITY (If outside corporate limits, write RURAL and give township) 4 months c. CITY (If outside corporate limits, write RURAL and give township) 0741 OR TOWN Farmington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cunningham Nursing Home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Myrtle	b. (Middle) Cunningham	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) June 14, 1950
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 19, 1883	9. AGE (In years or birthday) 67	IF UNDER 1 YEAR Months 0	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of adult life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Farmington Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Lewis Hunt	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Marvin Cunningham
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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'S SIGNATURE OR NAME Everette Cunningham	ADDRESS Farmington
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 197
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma liver		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Carcinoma liver	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 1, 1950 to June 14, 1950, that I last saw the deceased alive on June 13, 1950 and that death occurred at 6 P. M., from the causes and on the date stated above.

23a. SIGNATURE N. O. Roach M.D. (Degree or title)	23b. ADDRESS Devloga, Mo.	23c. DATE SIGNED 6-15-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE June 16, 1950	24c. NAME OF CEMETERY OR CREMATORY Parkview	24d. LOCATION (City, town, or county) (State) near Farmington, Mo
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DATE REC'D BY LOCAL REG. June 17, 1950	REGISTRAR'S SIGNATURE Ether Rudolph	25. FUNERAL DIRECTOR'S SIGNATURE C. H. Cozean	ADDRESS Farmington, Mo.
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HEALTH OFFICE

650-817

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
Student Embalmer

Signed.....

R. H. Cozart

Licensed Embalmer No. 4084

P. O. Address Farmington, Mo

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 this body is not embalmed, fact should be so stated above.