

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18371

STATE FILE NUMBER

FILED JUN 5 1957

Registration District No. 316 Primary Registration District No. 6073 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY St. Francois b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre, Mo. Rte. 1 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perry Twp.			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois c. CITY OR TOWN Farmington, Mo. d. STREET ADDRESS (If outside, give location) 517 Se. Washington		
3. NAME OF DECEASED (Type or print) First Joyce Middle Cunningham Last Cunningham			4. DATE OF DEATH Month May Day 21 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 14, 1901	9. AGE (In years last birthday) 56 IF UNDER 1 YEAR: Months 2 Days 7 IF UNDER 24 HRS.: Hours 0 Min. 0	
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) St. Francois Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Cunningham			14. MOTHER'S MAIDEN NAME Anna Leural Westover		
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. --	17. INFORMANT Clemence Cunningham Address Farmington, 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) Multiple Injuries DUE TO (b) Coroner Jury verdict: by accident as the result of a tornado May 21, 1957 DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) Injuries received in tornado		
20c. TIME OF INJURY Hour: _____ Month: _____ Day: _____ Year: _____ a. m. _____ p. m. 5/21/57			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Waiting farm home		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20f. CITY, TOWN, OR LOCATION 097 St. Francois, Mo.		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Beil Miller			22b. ADDRESS Coroner 3 Farmington, Mo		22c. DATE SIGNED 5/29/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried		23b. DATE May 26, 57	23c. NAME OF CEMETERY OR CREMATORY Barkview Cem.		23d. LOCATION (City, town, or county) (State) Farmington Mo.
24. FUNERAL DIRECTOR C. H. Cozart ADDRESS Farmington Mo			25. DATE RECD. BY LOCAL REG. May 29 1957		26. REGISTRAR'S SIGNATURE Ether Rudloff

Use only black ink or ribbon typewrite if possible. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JUN 11 1957
JUN 13 1957

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 *Emerald Spark*

Licensed Embalmer No. *412*

P. O. Address *Dome Terr*

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