

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4239**

FILED FEB 16 1952

BIRTH NO. _____ REG. DIST. NO. **57** PRIMARY REG. DIST. NO. **4083** Registrar's No. **2**

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

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) a. STATE Mo. b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) Dewitt		c. CITY (If outside corporate limits, write RURAL and give township) Dewitt 1170	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) MOLLIE b. (Middle) PEARL c. (Last) BEA			4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1952		
5. SEX Fe	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 5, 1865	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Eugene Cunningham	13b. MOTHER'S MAIDEN NAME Amanda Wars	14. NAME OF HUSBAND OR WIFE John Bea
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Miss Maud Bea Dewitt Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis (Not Rheumatic)	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4 yrs
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Atherosclerosis		16 yrs
	DUE TO (b)		
	DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb 3, 1952**, to **Feb 4, 1952**, that I last saw the deceased alive on **Feb 3, 1952**, and that death occurred at **8:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Shuman M.D.	23b. ADDRESS Brunswick, Mo.	23c. DATE SIGNED 2/6/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-6-52	24c. NAME OF CEMETERY OR CREMATORY Evergreen Cem
24d. LOCATION (City, town, or county) (State) Dewitt Mo.	24e. FUNERAL DIRECTOR'S SIGNATURE Stanley Gibson	24f. ADDRESS Carrollton Mo.
DATE REC'D BY LOCAL REG. Feb 9-1952	REGISTRAR'S SIGNATURE Pearl Koch 47-6	

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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.