

FILED JUL 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19481

State File No.

 BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3086 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>802 West St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) <u>May</u> c. (Last) <u>Schenewerk</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 10 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 5 1885</u>
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR <u>8</u> Months <u>5</u> Days	IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>W.J. Cunningham</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Kaylor</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Blanch Hume, California, Mo</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 MIN.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>331X</u> 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	
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)	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 <u>4-15-1955</u> to <u>June 10, 1955</u> , that I last saw the deceased alive on <u>June 10, 1955</u> , and that death occurred at <u>2pm.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Kenneth Latham M.D.</u>		23b. ADDRESS <u>California, Mo</u>	23c. DATE SIGNED <u>6-11-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/12/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Flag Spring Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>California, Rural, Mo</u>
DATE REC'D BY LOCAL REG. <u>6/12/55</u>	REGISTRAR'S SIGNATURE <u>WLP opy of 506</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earle Bowlin - California</u>	
		ADDRESS _____	

(If Revised Embalmer's Statement on Reverse Side)

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

No. 300
10-48687
00687
0

2710

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.

Signed Jack H. Bowlin

Signed _____
Student Embalmer

Licensed Embalmer No. 4933

P. O. Address California, 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.