

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

11724

State File No.

FILED APR 19 1949

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>4071</u>		Registrar's No. <u>16</u>		
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Camdenton</u>		c. LENGTH OF STAY (in this place) <u>15 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Camdenton</u>		<u>15</u> <u>0</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>Home - His - Gen Del.</u>				d. STREET ADDRESS (If rural, give location) <u>Gen Del</u>				
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Leutellus CUNNINGHAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 12 1949</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar-15-1909</u>	9. AGE (In years last birthday) Months Days <u>40</u> <u>2</u> <u>7</u>	IF UNDER 1 YEAR Hours Min. <u>2</u> <u>7</u>		IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>lawyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>law</u>		11. BIRTHPLACE (State or foreign country) <u>Bolivar, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Leutellus Cunningham</u>			13b. MOTHER'S MAIDEN NAME <u>Maud Metier</u>		14. NAME OF HUSBAND OR WIFE <u>Lois Pryor</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes War 11 (2)</u>		16. SOCIAL SECURITY NO. <u>11301</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lois Cunningham Camdenton 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>11301</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Camdenton, Camden, Missouri</u>		21f. HOW DID INJURY OCCUR		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr: 12 1949 7 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from <u>Oct</u> , 19 <u>49</u> , to <u>Apr 12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Apr 12</u> , 19 <u>49</u> , and that death occurred at <u>7 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Leutellus CUNNINGHAM M.D.</u>				23b. ADDRESS <u>Camdenton, Mo</u>		23c. DATE SIGNED <u>4-12-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/15-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Wood</u>		24d. LOCATION (City, town, or county) (State) <u>Bolivar, Mo.</u>		
DATE REC'D BY LOCAL REG <u>Apr. 15-1949</u>		REGISTRAR'S SIGNATURE <u>Zilphia Inaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksaw - Woolery</u>		ADDRESS <u>Camdenton Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

15
00

MAY 8 1949

MAY 20 1949

FEB 6 1950

RECEIVED

District Health Officer No. 7

District File Number 3-49-587

Date Filed 4-18-49

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 _____
Student Embalmer

Signed Abbie Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Camdenton 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.