

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16433**

0396

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 3000		Registrar's No. 494	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (In this place) 3 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Rural Center Twsp.		d. STREET ADDRESS (If rural, give location) Springfield R.F.D. # 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) EDWARD		c. (Last) CUNNINGHAM		4. DATE OF DEATH (Month) (Day) (Year) May 26, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10 Jan 1879	
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Harrison, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Barney Cunningham			13b. MOTHER'S MAIDEN NAME Martha Filler			14. NAME OF HUSBAND OR WIFE Sally Cunningham	
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 ADDRESS Sally Cunningham, Rt. 4, Springfield, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 5 days			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						490X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right Hemiparesis						3 months	
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) 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 April 27, 1950 , to May 25, 1950 , that I last saw the deceased alive on May 25, 1950 , and that death occurred at 7:45 P.M. , from the causes and on the date stated above.							
23. SIGNATURE Hermeth O. Coffey M.D.				23b. ADDRESS SPRINGFIELD, MO.		23c. DATE SIGNED 5-26-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 28 May 1950		24c. NAME OF CEMETERY OR CREMATORY Clear Creek		24d. LOCATION (City, town, or county) (State) Greene County, Missouri	
DATE REC'D BY LOCAL REG. 5-27-50		REGISTRAR'S SIGNATURE W.E. Hanley		25. FUNERAL DIRECTOR'S SIGNATURE Fred C. Thomas, Springfield, Mo.		ADDRESS	

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

Coffey

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 Fred C. Thieme

Signed.....
Student Embalmer

Licensed Embalmer No. 2899

P. O. Address Springfield, Missouri

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.