

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 17 1950

State File No. 17163

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3077 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1120 West Daugherty</u>		d. STREET ADDRESS (If rural, give location) <u>1120 West Daugherty St.</u>	

3. NAME OF DECEASED (Type or Print) <u>OPAL</u>	a. (First)	b. (Middle)	c. (Last) <u>CUNNINGHAM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 9, 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 14, 1895</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Days <u>10</u>	IF UNDER 4 HRS. Min. <u>25</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>keeping house</u>	11. BIRTHPLACE (State or foreign country) <u>Sarcoxie, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Cunningham</u>	13b. MOTHER'S MAIDEN NAME <u>Alva Russell</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Rush Cunningham</u>	ADDRESS <u>Webb City, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		<u>6 yrs</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Perniciou Anemia</u>		<u>2 yrs</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov 1942 to May 9, 1950, that I last saw the deceased alive on May 8, 1950, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James T. Flaherty M.D.</u>	23b. ADDRESS <u>Carterville Mo</u>	23c. DATE SIGNED <u>5-9-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-11-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sarcoxie Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sarcoxie, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>May 11-50</u>	REGISTRAR'S SIGNATURE <u>J. L. Decker M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u>	ADDRESS <u>Webb City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

192

RECEIVED 5-16-50
Jasper County Health Office

County File Number 50-4-407
Date Filed 5-16-50

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 _____

Richard Gray Lewis

Signed _____

Student Embalmer

Licensed Embalmer No. *4405*

P. O. Address *Webb City, 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.