

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24317

105

BIRTH NO. _____		REG. DIST. NO. 282		PRIMARY REG. DIST. NO. 3055		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bolivar</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bolivar</u>		1841	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>Lieutellus</u>		a. (First)		b. (Middle)		c. (Last) <u>Cunningham</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 22 1950</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Oct. 4, 1877</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR 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		11. BIRTHPLACE (State or foreign country) <u>Bolivar, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Cunningham</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Rickett</u>		14. NAME OF HUSBAND OR WIFE <u>Maud Cunningham</u>			
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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maud Cunningham</u>		ADDRESS <u>Bolivar, 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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer (throat)</u>		ANTECEDENT CAUSES				2 yr.	
DUE TO (b) _____		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS				1 yr.	
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Paralysis Agitans</u>				6 yr.	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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>July 16, 1950</u> , to <u>July 22, 1950</u> , that I last saw the deceased alive on <u>July 22, 1950</u> , and that death occurred at <u>12:40p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>Bolivar, Mo.</u>		23c. DATE SIGNED <u>7-24-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>July 24, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bolivar, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 24, 1950</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon Jewell Gordon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Turpin Funeral Home</u>		ADDRESS <u>Bolivar, Mo.</u>	
(Licensed Embalmer's Statement on Reverse Side)							

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 3 1950
Dist. File 850-926
Date Filed 8-5-50

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *W. B. [Signature]*
Student Embalmer No.

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.