

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **42230**
 Registrar's No. **5320**

FILED DEC 20 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5320</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>4 wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marus Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>114 South Cherokee</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>H.</u> c. (Last) <u>Cunningham</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 4 1952</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>Nov. 23, 1870</u>	
9. AGE (in years last birthday) <u>82</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Church</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Fontana, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>Michael Cunningham</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Ann Poland</u>		14. NAME OF HUSBAND OR WIFE <u>Kate 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>519-09-6510</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Anna Puhr, K. C. Kansas.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Primary Carcinoma of Lung & Multiple Metastases</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3/10/52</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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>3/10/52</u> to <u>12/4</u> , 1952, that I last saw the deceased alive on <u>12/3</u> , 1952 and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. W. Young M.D.</u> (Degree or title)				23b. ADDRESS <u>R. E. 14, 1401 S. W. 33rd</u>		23c. DATE SIGNED <u>12/5/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/6/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Marus Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-6-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gates Funeral Home, K. C. Kansas</u>		

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

Dr. J. W. Young

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.

Student
Student Embalmer

Signed Jimmy Schubert
Licensed Embalmer No. 4092

P. O. Address Missouri, Kansas

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.