

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **4429**

FILED FEB 9 1953

BIRTH NO. _____		REG. DIST. NO. <b>324</b>		PRIMARY REG. DIST. NO. <b>3072</b>		Registrar's No. <b>33</b>		
1. PLACE OF DEATH a. COUNTY <b>Saline</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall, Mo.</b>		c. LENGTH OF STAY (in this place) <b>14 Hrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Salt Fork Twn.</b>		0970		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fitzgibbon Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>8 1/2 Mi. South of Marshall, Mo.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Franklin</b> b. (Middle) <b>Styles</b> c. (Last) <b>Cunningham</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 1 1953</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 16-1886</b>	9. AGE (in years last birthday) <b>66</b>	IF UNDER 1 YEAR Month <b>9</b> Days <b>15</b>	IF UNDER 1 MO. Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>General Farming on own Farm</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Saline Co., Marshall, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Johnson Cunningham</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Susan Thomas Cunningham</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Franklin S. Cunningham</b> ADDRESS <b>Marshall R1</b>				
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) <b>Generalized Carcinomatosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
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)		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 <b>Jan 29</b> , 19 <b>53</b> , to <b>Feb 1</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Feb 1</b> , 19 <b>53</b> , and that death occurred at <b>7:00</b> p. m., from the causes and on the date stated above.								
23a. SIGNATURE <b>James A. Reid</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>Marshall Mo</b>		23c. DATE SIGNED <b>2-2-53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		24b. DATE <b>2/3/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park</b>		24d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>Feb 3, 1953</b>		REGISTRAR'S SIGNATURE <b>Rodney T. Gray</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Leslie Surrency</b> ADDRESS <b>Marshall, Mo.</b>				

(Licensed Embalmer's Signature on Reverse Side)

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

MAY 28 1953

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

*J. Leslie Summey*

Licensed Embalmer No. *32750*

P. O. Address *Marshall, 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.