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FILED JUN 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17979

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2636

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Trinity Lutheran Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3928 2
d. STREET ADDRESS (If rural, give location): 1108 W. 75th Terrace

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): F.
c. (Last): CUNNINGHAM

4. DATE OF DEATH (Month) 5 (Day) 23 (Year) 53

5. SEX: Ma D
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 1-9-1867
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret'd RI Est &
10b. KIND OF BUSINESS OR INDUSTRY: Builder
11. BIRTHPLACE (City and State or Foreign Country): Blue Springs, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Marion Cunningham
13b. MOTHER'S MAIDEN NAME: —
14. NAME OF HUSBAND OR WIFE: Carrie May Cunningham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XX
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Frank R. Cunningham, 1108 W. 75 Terr.

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, asthenia, 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)	Congestive Heart Failure	36 hr
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	Unknown
DUE TO (c)	Senility	6463 D
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Fracture neck left femur	52 hr 20

19a. DATE OF OPERATION: 5-21-53
19b. MAJOR FINDINGS OF OPERATION: Fracture neck left femur 123
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kansas City Jackson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 20, 1953 9:00 A.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Fell while dressing

22. *I hereby certify that I attended the deceased from* Oct 10, 1952, *to* May 23, 1953, *that I last saw the deceased alive on* May 22, 1953, *and that death occurred at* 1:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Carl H. Reitz (Degree or title): Carl H. Reitz M.D. MD
23b. ADDRESS: 404½ W. 75th K.C. Mo
23c. DATE SIGNED: 5-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-25-53
24c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah
24d. LOCATION (City, town, or county) (State): Kansas City Mo.

DATE REC'D BY LOCAL REG.: 5-23-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: J W Wagner K C Mo.

(Licensed Embalmer's Statement on Reverse Side)

141-3036

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 Alvin R. Hannsch

Licensed Embalmer No. 4159

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.