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

FILED AUG 5 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25614

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4215 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Macon Co. Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Plata
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Plata Town 0610
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) E. c. (Last) Cunningham
4. DATE OF DEATH (Month) (Day) (Year): July - 12 1953
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 28 - 1892
9. AGE (In years last birthday): 61 IF UNDER 1 YEAR: Months 5 Days 14 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building House
11. BIRTHPLACE (State or foreign country): Macon Co. Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: A. E. Cunningham
13b. MOTHER'S MAIDEN NAME: Ada May Wilgamore
14. NAME OF HUSBAND OR WIFE: Dora F. Cunningham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 492-24-0800
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Dora F. Cunningham La Plata

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: instantaneous

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 12, 1953, *to* July 12, 1953, *that I last saw the deceased alive on* July 12, 1953, *and that death occurred at* 1:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold D. Lehr M.D.
23b. ADDRESS: La Plata Mo.
23c. DATE SIGNED: 7/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-14-1953
24c. NAME OF CEMETERY OR CREMATORY: La Plata Cemetery
24d. LOCATION (City, town, or county) (State): La Plata Mo

DATE REC'D BY LOCAL REG.: July 20-53
REGISTRAR'S SIGNATURE: Mrs. D. L. Jeffries
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: D. S. Christie

(Licensed Embalmer's Statement on Reverse Side)

AUG 6 1953

RECEIVED 7.28.53
MACON COUNTY HEALTH DEPARTMENT
County File No. 7.02.134
Date Filed 7.29.53

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 D. S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.