

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30715**

FILED SEP 14 1953

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **181**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give town) Marshall, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Marshall 0972 0	
c. LENGTH OF STAY (in this place) 2 1/2 Days		d. STREET ADDRESS (If rural, give location) 65 South Benton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Claude b. (Middle) Jackson c. (Last) Cunningham			4. DATE OF DEATH (Month) (Day) (Year) Sept. 12 1953		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 19-1884	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 3 Days 23	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operated Feed Mill	10b. KIND OF BUSINESS OR INDUSTRY General Work	11. BIRTHPLACE (State or foreign country) Fairfield, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jackson Cunningham	13b. MOTHER'S MAIDEN NAME Elizabeth Dickerson	14. NAME OF HUSBAND OR WIFE Millie I. Cunningham
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Mrs. Claude J. Cunningham-Marshall, Mo.	ADDRESS Marshall, Mo.
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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) Cerebral Hemorrhage		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **9-6**, **1953**, to **9-12**, **1953**, that I last saw the deceased alive on **9-11**, **1953**, and that death occurred at **10 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE James G. Reid, M.D.	(Denote or title) O. M. D.	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 9-12-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/14/53	24c. NAME OF CEMETERY OR CREMATORY Smart Memorial Gardens - Marshall, Mo.	24d. LOCATION (City, town, or county) (State) Marshall, Mo.
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DATE REC'D BY LOCAL REG. 9-12-1953	REGISTRAR'S SIGNATURE Sidney F. Gray	385	25. FUNERAL DIRECTOR'S SIGNATURE J. Leslie Surrency	ADDRESS Marshall, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

72
0

SEP 16 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 Sussing

Licensed Embalmer No. 3235

P. O. Address Marshall, W

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.