

FILED NOV 9-1953

BIRTH NO. _____		REG. DIST. NO. 101		PRIMARY REG. DIST. NO. 5391		Registrar's No. 61	
1. PLACE OF DEATH a. COUNTY Douglas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Douglas			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, R. Boone		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, Rural, Boone		0348	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Francis		a. (First)		b. (Middle) Elmo		c. (Last) Cunningham	
4. DATE OF DEATH		(Month) 9		(Day) 30		(Year) 53	
5. SEX male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 5-22-18	
9. AGE (In years last birthday) 35		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No		10b. KIND OF BUSINESS OR INDUSTRY Carpenter		11. BIRTHPLACE (City and State or Foreign Country) Hebron, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert A. Cunningham		13b. MOTHER'S MAIDEN NAME Pearl Sanders		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Robert A. Cunningham, Ava, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pseudomonas peritonitis 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)		578 X	
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 6-25, 1953, to 9-30, 1953, that I last saw the deceased alive on 7-28, 1953, and that death occurred at 11: A m., from the causes and on the date stated above.							
23a. SIGNATURE (Doctor or title) Dr. C. J. Harker				23b. ADDRESS Ava, Mo.		23c. DATE SIGNED 9-30-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-2-53		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill		24d. LOCATION (City, town, or county) (State) Mt. Grove, Missouri	
DATE REC'D BY LOCAL REG. 11-6-53		REGISTRAR'S SIGNATURE Vestal Bushman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glinkingbeard Funeral Home, Ava, Mo.			

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

Chas. A. Roof

Licensed Embalmer No. 3044

P. O. Address Q. Va. 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.