No. 300
10.48

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

FILED DEC 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40044

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 409

1. PLACE OF DEATH
a. COUNTY: RIPLEY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DONIPHAN
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): COMMUNITY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: RIPLEY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL – GATEWOOD 0910 0
d. STREET ADDRESS (If rural, give location): GATEWOOD, MO.

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

4. DATE OF DEATH (Month) (Day) (Year): NOV. 19, 1953

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: OCT. 7, 1877
9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months: 1 Days: 12
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE
11. BIRTHPLACE (State or foreign country): TEXAS COUNTY, MO. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: EVAN CUNNINGHAM
13b. MOTHER'S MAIDEN NAME: EMILY [illegible]
14. NAME OF HUSBAND OR WIFE: DORA 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.: NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: AMOS CANVERT GATEWOOD, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — 10 years
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: 331 X
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* 11/17, 1953, *to* 11/19, 1953, *that I last saw the deceased alive on* 11/19, 1953 *and that death occurred at* 2:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Frank L. Johnson MD (Degree or title)
23b. ADDRESS: Doniphan Mo
23c. DATE SIGNED: 11/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11-21-53
24c. NAME OF CEMETERY OR CREMATORY: TUCKER CEMETERY
24d. LOCATION (City, town, or county) (State): TUCKER MISSOURI

DATE REC'D BY LOCAL REG.: 11-20-53
REGISTRAR'S SIGNATURE: O. L. Johnston
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: EDWARDS FUNERAL HOME – DONIPHAN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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 Glenn Harrent

Licensed Embalmer No. 4809

P. O. Address Monighan, M

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

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