

FILED APR 5 1954

STANDARD CERTIFICATE OF DEATH

State File No. 9814

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre		c. CITY OR TOWN Farmington	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 24 hrs		e. STREET ADDRESS (If rural, give location) 517 Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre, Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) William c. (Last) Cunningham			4. DATE OF DEATH (Month) (Day) (Year) March 27, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 26, 1866	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 2 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and State or Foreign Country) Irondale, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Arthur Cunningham		13b. MOTHER'S MAIDEN NAME Emma Renfroen		14. NAME OF HUSBAND OR WIFE Annie Westover	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Clarence Cunningham ADDRESS Cantwell Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) uremia		INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		3 wks.	
		DUE TO (c) gangrene left leg			
		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 4501		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)	
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 Jan 1, 1954, to March 27, 1954, that I last saw the deceased alive on 3-27, 1954, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE George L. Watterman MD (Degree or title)		23b. ADDRESS Farmington Mo		23c. DATE SIGNED 4-2-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/30/54		24c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery		24d. LOCATION (City, town, or county) (State) Farmington, Mo	
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DATE REC'D BY LOCAL REG. Apr. 2, 1954		REGISTRAR'S SIGNATURE Ethel Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE C. Z. Boyer & Son ADDRESS Desloge, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

94/0

094/0

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.....
Signature of Student Embalmer

Signed..... *B. T. Bayer*

Licensed Embalmer No. *366*

P. O. Address *Heslog*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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