

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**33052**

FILED NOV 15 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1184

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Buchanan</b>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Andrew</b>
c. LENGTH OF STAY (in this place) <b>0hrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Savannah (Rural)</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Meth. Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>0020 /</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>MERRILL</b>	b. (Middle) <b>THEODORE</b>	c. (Last) <b>CUNNINGHAM</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Nov. 7 1954</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Never married</b>	<b>8. DATE OF BIRTH</b> <b>October 5 1901</b>	<b>9. AGE</b> (In years last birthday) <b>53</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 12 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Filling Station Operator</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Rexford Kansas</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S. A.</b>
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<b>13a. FATHER'S NAME</b> <b>John C. Cunningham</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Flora Munkres</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>None</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b> <b>Not given</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Golda Cunningham, Savannah Mo. R F D</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>6 hrs</b> <b>10 yrs.</b> <b>10 yrs.</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral Hemorrhage</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Hypertension</b> <b>DUE TO (c) Arterio-sclerosis</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 7-12, 1954, to 11-7, 1954, that I last saw the deceased alive on 10-25, 1954, and that death occurred at 2:00 pm., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Robert B. Kelley M.D.</b>	<b>23b. ADDRESS</b> <b>Savannah, Mo.</b>	<b>23c. DATE SIGNED</b> <b>11-9-54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>11-7-54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Fairport</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Fairport Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>Nov 12, 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Kathleen M. Allison</b>	<b>485</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>FILCHER FUNERAL HOME</b>	<b>ADDRESS</b> <b>MAYSVILLE MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

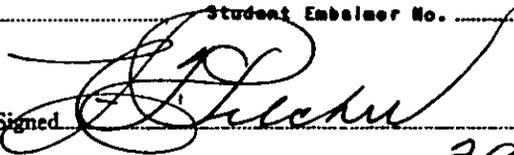
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Student Embalmer No. \_\_\_\_\_  


Licensed Embalmer No. 3967

P. O. Address Mayville, Mo.

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

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