No. 300
10.48

FILED DEC 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36777

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 193

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrisonville
c. LENGTH OF STAY (in this place): 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harrisonville Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN: Belton
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 515 B. St.

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

4. DATE OF DEATH (Month) (Day) (Year): Nov. 30, 1954

5. SEX: Fe
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 3, 1865
9. AGE (In years last birthday): 89
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Preble Co., Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Martin Timberman
13b. MOTHER'S MAIDEN NAME: Juliana Heistman
14. NAME OF HUSBAND OR WIFE: Harry 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: Rena C. Huber
ADDRESS: Belton, 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, BASAL, DIFFUSE — INTERVAL BETWEEN ONSET AND DEATH: 19 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CEREBRAL ARTERIOSCLEROSIS — 5 YRS.
DUE TO (c) SENILITY — 5 YRS.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
(1) Fracture, single, both bones, right wrist
(2) Wound, lacerate, moderate, right auricular scalp
— 19 days

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 334 X F
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): (11) Home
21c. (CITY, TOWN, OR TOWNSHIP) Belton, (COUNTY) Cass, (STATE) Missouri

21d. TIME OF INJURY (11) (Month) (Day) (Year) (Hour): Nov. 11, 1954, 5:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Secondary to fall with cerebral hemorrhage (NOT cause of death)

22. *I hereby certify that I attended the deceased from* FEBRUARY 1946, *to* Nov. 30, 1954, *that I last saw the deceased alive on* Nov. 30, 1954, *and that death occurred at* 8:25 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Herbert A. Tracy (Degree or title): M.D.
23b. ADDRESS: Belton, Missouri
23c. DATE SIGNED: 12-1-1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/2/1954
24c. NAME OF CEMETERY OR CREMATORY: Belton Cemetery
24d. LOCATION (City, town, or county) (State): Belton, Mo.

DATE REC'D BY LOCAL REG. Dec 6, 1954
REGISTRAR'S SIGNATURE: Nora Barnard
25. FUNERAL DIRECTOR'S SIGNATURE: E. K. George & Sons — E. K. George
ADDRESS: Belton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 13 1954

CASS COUNTY

HEALTH DEPARTMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard E. George

Licensed Embalmer No. 395

P. O. Address Belton, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.