

FILED JAN 3 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41741

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>211</u>		PRIMARY REG. DIST. NO. <u>4324</u>		Registrar's No. <u>39-54</u>	
1. PLACE OF DEATH a. COUNTY <u>MILLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>TusCumbia</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LAKE OZARK 0660</u>		d. STREET ADDRESS (If rural, give location) <u>LAKE OZARK. 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humphreys - Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARL</u> b. (Middle) <u>JAY</u> c. (Last) <u>CUNNINGHAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 30 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>17 July 1885</u>	
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saleman</u>		11. BIRTHPLACE (State or foreign country) <u>Toledo Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <u>Novelty-Shop</u>			11. BIRTHPLACE (State or foreign country)	
13a. FATHER'S NAME <u>Robert-Cunningham</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>STELLA-CUNNINGHAM</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>494-38-0237</u>		17. INFORMANT'S SIGNATURE OR NAME <u>STELLA-CUNNINGHAM</u> ADDRESS <u>LAKE-OZARK</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Artery Disease</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>July 1, 1954</u> , to <u>Nov 30, 1954</u> , that I last saw the deceased alive on <u>Nov 30, 1954</u> , and that death occurred at <u>9:30 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert E. Missin, D.O.</u>				23b. ADDRESS <u>Lake Ozark, Mo</u>		23c. DATE SIGNED <u>Nov 30, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8 Dec - 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT - PLEASANT</u>		24d. LOCATION (City, town, or county) (State) <u>MILLER - CO. MO</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 3 - 1954</u>		REGISTRAR'S SIGNATURE <u>Mrs. Richard L. Wright</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Rays</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

660  
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1961 JUN 23

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 Keith McKays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.