

FILED JUN 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15151

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 487

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>TEXAS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. LENGTH OF STAY (in this place) <b>1 DAY</b>	c. CITY OR TOWN <b>CABOOL</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSP.</b>		f. STREET ADDRESS (If rural, give location) <b>10701</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>TOM</b> b. (Middle) _____ c. (Last) <b>CUNNINGHAM</b>			4. DATE OF DEATH <b>JUNE 2 1955</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MARCH 3 1882</b>
9. AGE (In years last birthday) <b>73</b>	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) <b>SALESMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HARDWARE STORE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>SIMONS, MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>J. CUNNINGHAM</b>		13b. MOTHER'S MAIDEN NAME <b>LOUISA TATE</b>	14. NAME OF HUSBAND OR WIFE <b>X</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>KEITH CUNNINGHAM CABOOL, MO.</b>	
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 INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart failure</b>		<b>24 hours</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary arteriosclerosis unknown</b>			
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		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) <b>Springfield Greene, Mo.</b>	
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? <b>4201</b>	
22. I hereby certify that I attended the deceased from <b>June 1, 1955</b> , to <b>June 2, 1955</b> ; that I last saw the deceased alive on <b>June 2, 1955</b> , and that death occurred at <b>4:00 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>W. H. Cherry</b>		23b. ADDRESS <b>609 Cherry St.</b>	23c. DATE SIGNED <b>June 6 55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>6/5/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CABOOL</b>	24d. LOCATION (City, town, or county) (State) <b>CABOOL, MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>6-7-55</b>	REGISTRAR'S SIGNATURE <b>Keith Williamson</b>	25. FUNERAL HOME'S SIGNATURE ADDRESS <b>Edgely E. 210 SPRINGFIELD, MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

300

48

FOUN

**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 *A. M. O. Odom*

Licensed Embalmer No. *274*

P. O. Address *Springfield*

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.