No. 300
10.48

FILED FEB 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1593

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO: 2001 Registrar's No. 19

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1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Joplin
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 1502 Moffet ave. 0495

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

4. DATE OF DEATH (Month) (Day) (Year): 1-13-1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-19-1879
9. AGE (In years last birthday): 76 — 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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Eagle picher Lead Co
11. BIRTHPLACE (City and State or Foreign Country): Pryor, Oklahoma
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Lucas M. Cunningham
13b. MOTHER'S MAIDEN NAME: Sarah McCoy
14. NAME OF HUSBAND OR WIFE: Mary Cunningham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 491-01-1596
17. INFORMANT'S SIGNATURE OR NAME: Mary Cunningham — ADDRESS: 1502 Moffet Joplin 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): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1-8-56

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Congestive heart dis — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4341

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-12, 1954, *to* 1-13, 1956 *that I last saw the deceased alive on* 1-13, 1956, *and that death occurred at* 7:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ed D James (Degree or title) MD
23b. ADDRESS: Joplin, Mo.
23c. DATE SIGNED: 1-16-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-17-1956
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cem
24d. LOCATION (City, town, or county): Pryor (State): Okla.

DATE REC'D BY LOCAL REG.: 1-16-56
REGISTRAR'S SIGNATURE: Ed D. James 138 by Dolores Lampkins Dr
25. FUNERAL DIRECTOR'S SIGNATURE: Kornhill-Dillon — ADDRESS: Joplin Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 23 1956
Jasper County Health Office
County File Number 56-1-58
Date Filed JAN 23 1956

MAY 15 1959

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William E. Huddle

Licensed Embalmer No. 47

P. O. Address John M

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