V.S. No. 300
Rev. 10.48

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36745

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 128

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sales Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Anderson
d. STREET ADDRESS (If rural, give location): Rt. # 1

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

4. DATE OF DEATH (Month) (Day) (Year): Oct. 8, 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 29, 1889
9. AGE (In years last birthday): 67 — If under 1 year: Months 10, Days 9 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Rural Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY: Carrier
11. BIRTHPLACE (City and State or Foreign Country): Anderson, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA.
13a. FATHER'S NAME: Wm. T. Cunningham
13b. MOTHER'S MAIDEN NAME: Mattie Isbell
14. NAME OF HUSBAND OR WIFE: Edna Grimes 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.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Jack Cunningham, Anderson, Missouri

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) Chronic Myocarditis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Obesity
DUE TO (c) 4222

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cardiac Decompensation

INTERVAL BETWEEN ONSET AND DEATH

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* 10-1, 1957, *to* 10-8, 1957, *that I last saw the deceased alive on* 10-8, 1957, *and that death occurred at* 11 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. H. Clausenburg M.D.
23b. ADDRESS: Anderson Mo
23c. DATE SIGNED: 10-10-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10/8/57
24c. NAME OF CEMETERY OR CREMATORY: Peace Valley Cemetery
24d. LOCATION (City, town, or county) (State): Anderson, Missouri

DATE REC'D BY LOCAL REG.: 10-14-57
REGISTRAR'S SIGNATURE: Melvin L. Bowman, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Ralph Funeral Home Anderson Mo

(Licensed Embalmer's Statement on Reverse Side)

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

223

RECEIVED

District Health Officer No. Newton

District File Number 1057-236

Date Filed OCT 18 1957

OCT 28 1957

MAR 31 1958

NOV 23 1957

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 Earl Ralph

Licensed Embalmer No. 03458

P. O. Address Anderson, Missouri

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.