Health, & Welfare Public Service

. 300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005444

STATE FILE NUMBER 573

Registration District No. 149 Primary Registration District No. 1001 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): VA Hospital — Length of stay in 1b: 45 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 4346 Charlotte — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: WALTER Middle: HARRISON Last: CUNNINGHAM

4. DATE OF DEATH Month Day Year: February 1, 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 12-23-95

9. AGE (In years last birthday): 62 — 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): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Automobile Agency

11. BIRTHPLACE (City and state or country): Licking, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: WILLIAM CUNNINGHAM

13b. MOTHER'S MAIDEN NAME: AN—NOA —

14. NAME OF ~~HUSBAND OR~~ WIFE: Bessie I. Cunningham

15. WAS DEASCED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown): Yes — (If yes, give wars or dates of service): WW I

16. SOCIAL SECURITY NO.: 486-07-8376

17. INFORMANT Address: VA Hospital Official Records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia and pulmonary metastases
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Carcinoma of esophagus
INTERVAL BETWEEN ONSET AND DEATH: 150 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from December 17, '57 to Feb. 1, 1958
Death occurred at 9:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Clifford Wurster (Degree or title) M.D.
22b. ADDRESS: VA Hospital, Kansas City, Mo.
22c. DATE SIGNED: 2-1-58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: FEB-4-1958
23c. NAME OF CEMETERY OR ~~CREMATORY~~: MT. MORIAH CEM.
23d. LOCATION (City, town, or county) (State): KANSAS CITY Mo.

24. FUNERAL DIRECTOR ADDRESS: D. W. NEWCOMER'S SONS 1331 BRUSH CREEK KANSAS City Mo.
25. DATE RECD. BY LOCAL REG.: 2-4-58
26. REGISTRAR'S SIGNATURE: neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Signed C. O. Watson .....
Signature of Student Embalmer

Licensed Embalmer No. 4401

P. O. Address Kansas City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.