

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022241
STATE FILE NUMBER

FILED JUL 8 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 313

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY CHEROKEE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN COLUMBUS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in 1b 18 DAYS	d. STREET ADDRESS 429 S. DELAWARE AVE (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last OPEL PEARL CUNNINGHAM			4. DATE OF DEATH Month Day Year JUNE 27, 1958
5. SEX F /	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 29, 1898
9. AGE (In years last birthday) 59		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, and if retired) SCHOOL TEACHER		10b. KIND OF BUSINESS OR INDUSTRY COLUMBUS PUBLIC SCHOOLS	11. BIRTHPLACE (City and state or country) DUGGER, IND.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME THOMAS CASE	13b. MOTHER'S MAIDEN NAME ALICE GREENWAY
14. NAME OF HUSBAND OR WIFE DUNCAN CUNNINGHAM		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 509-07-1111		17. INFORMANT DUNCAN CUNNINGHAM, 429 S. DELAWARE Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic Cancer from Cancer of Cervix Uteri DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 171X			INTERVAL BETWEEN ONSET AND DEATH 10 Min 7 Years
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at 6-10-58, to 6-27-58 and last saw her alive on 6-27-58 10 25 A m m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE V Dale August MD (Degree or title)		22b. ADDRESS Joplin Missouri	
22c. DATE SIGNED 6-30-58		23. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY,	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 6-28-58	
23c. LOCATION (City, town, or county) CHEROKEE COUNTY, KANSAS		23d. (State)	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 7-1-1958	
26. REGISTRAR'S SIGNATURE Dorice Merriam			

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

VS MAR 27 1959

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 *Steve Parker*

Licensed Embalmer No. *2548*

P. O. Address *W. J. Parker 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.