

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-022607**

**FILED JUL 14 1959**

Registration District No. 316 Primary Registration District No. \_\_\_\_\_ Registrar's No. 265 STATE FILE NUMBER

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>ST. FRANCOIS</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>PENDLETON TOWNSHIP</b> | Length of stay in 1b<br><b>80 yrs.</b> | c. CITY OR TOWN <b>FARMINGTON MO ROUTE 2</b>  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>DOE RUN</b>  |  | d. STREET ADDRESS (If outside, give location)   | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>PERCY V. CUNNINGHAM</b> |  |  | 4. DATE OF DEATH<br>Month Day Year<br><b>7/7/59</b> |  |
|--|--|--|---|--|

|                       |                                  |   |                                   |                                     |                                |                              |
|-----------------------|----------------------------------|---|-----------------------------------|-------------------------------------|--------------------------------|------------------------------|
| 5. SEX<br><b>MALE</b> | 6. COLOR OR RACE<br><b>WHITE</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>9-1-70</b> | 9. AGE (last birthday)<br><b>88</b> | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HR<br>Hours Min. |
|-----------------------|----------------------------------|---|-----------------------------------|-------------------------------------|--------------------------------|------------------------------|

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>RETIRED</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><b>IRONDALE MO.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A</b> |
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| 13a. FATHER'S NAME<br><b>JOHN A. CUNNINGHAM</b> | 13b. MOTHER'S MAIDEN NAME<br><b>SARAH CUNNINGHAM</b> | 14. NAME OF HUSBAND OR WIFE<br><b>LILLIE GARNER</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT<br>Address<br><b>LINN BENHAM BONNE TERRE MO.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Skull fracture</b> |   | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <b>Injuries received in automobile</b> |                                  |
|   | DUE TO (c) <b>Collision</b>                       |                                  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Multiple injuries</b> | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>Received injuries in automobile accident</b> |
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| 20c. TIME OF INJURY<br>Hour a.m. Month, Day, Year<br><b>7:30 7/7/59</b> |
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|   |   |  |                               |                     |
|---|---|--|-------------------------------|---------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Public highway</b> | 20f. CITY, TOWN, OR LOCATION<br><b>Doe Run</b> | COUNTY<br><b>St. Francois</b> | STATE<br><b>MO.</b> |
|---|---|--|-------------------------------|---------------------|

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

|   |  |                                   |
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| 22a. SIGNATURE (Degree or title)<br><b>Bert J. Miller</b> | 22b. ADDRESS<br><b>Carrou Farmington, MO</b> | 22c. DATE SIGNED<br><b>7/9/59</b> |
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|  |                            |  |   |
|--|----------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 23b. DATE<br><b>7/9/59</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>K.P. CEMETERY</b> | 23d. LOCATION (City, town, or county) (Site)<br><b>FARMINGTON MO.</b> |
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| 24. FUNERAL DIRECTOR<br><b>GOZEAN FUNERAL HOME FARMINGTON MO.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>July 9, 1959</b> | 26. REGISTRAR'S SIGNATURE<br><b>Esther Rudloff</b> |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

MAR 20 1980

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*M Cozeman*

Licensed Embalmer No. 408

P. O. Address Farmington

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.