

UNITED STATES DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035929

FILED VS NOV 2 1959

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. [redacted] Registrar's No. 1148

INDEXED

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Twsp # # # # # # # # # # Center		Length of stay in 1b 68 years	c. CITY OR TOWN Springfield Rural Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Springfield Rt. 4		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Springfield Rt. 4 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First WILLIAM Middle S. Last CUNNINGHAM			4. DATE OF DEATH Month October Day 25 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/11/1877	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	11. BIRTHPLACE (City and state or country) Lead Hill, Arkansas	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Bannard Cunningham	13b. MOTHER'S MAIDEN NAME Mqartha Filler	14. NAME OF HUSBAND OR WIFE Charlotte Cunningham
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT R.F. Dr. # 4, R.L. Cunningham, Springfield, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Arteriosclerotic heart disease	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)		
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis		PART III. If deceased was female was there a pregnancy in last 90 days. <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 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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
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21. I attended the deceased from **Oct, 1959** to **Oct 25, 1959** and last saw ^{him} **Oct 20, 1959** alive on **8:00 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. Dean Cunningham, M.D.	(Degree or title)	22b. ADDRESS Springfield, Mo	22c. DATE SIGNED 10-29-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct 27, 1959	23c. NAME OF CEMETERY OR CREMATORY Clear Creek Cemetery	23d. LOCATION (City, town, or county) (State) Greene County, Missouri
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24. FUNERAL DIRECTOR Ralph Thieme, Springfield, Missouri	1200 Booneville Avenue	25. DATE RECD. BY LOCAL REG. 10-29-59	26. REGISTRAR'S SIGNATURE Effie S. Melton
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 21 1977

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 Ralph H. Green

Licensed Embalmer No. 3689
P. O. Address Stamford,

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.