

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002270

FILED VS FEB 10 1960

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 10

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Johnson</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Holden</b>		Length of stay in 1b <b>1 month</b>		c. CITY OR TOWN <b>Des Moines</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Holden Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>2310 36th St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Ira Harvey Cunningham</b>				4. DATE OF DEATH Month Day Year <b>February 7, 1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-13-1887</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>contractor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>building</b>		11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA.</b>	
13a. FATHER'S NAME <b>Chauncey W. Cunningham</b>			13b. MOTHER'S MAIDEN NAME <b>Cordelia Ferris</b>			14. NAME OF HUSBAND OR WIFE <b>Susana Reger</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no.</b>			16. SOCIAL SECURITY NO. <b>--</b>		17. INFORMANT Address <b>Dr. D.W. Cunningham, Holden, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute congestive heart failure</b> DUE TO (b) <b>myocardial infarction</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>33 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
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 <b>Jan 15, 1960</b> to <b>Feb 7, 1960</b> and last saw him <b>Feb 7, 1960</b> alive on <b>Feb 7, 1960</b> Death occurred at <b>9:45 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>R W Jones R.O.</b>				22b. ADDRESS <b>Holden Mo</b>		22c. DATE SIGNED <b>2-7-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>2-10-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pine Hill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Des Moines, Iowa.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>E B CAST HOLDEN MO</b>			25. DATE RECD. BY LOCAL REG. <b>2-7-60</b>		26. REGISTRAR'S SIGNATURE <b>Mrs G.V. Redford</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 19 1960

FEB 29 1960

STATEMENT BY LICENSED EMBALMER

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 EB Cart

Licensed Embalmer No. 4059  
P. O. Address Holden,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.