

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS OCT 10 1960

-60-035321

STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 119

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>JOHNSON</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warrensburg</u>		a. STATE <u>Missouri</u> COUNTY <u>Johnson</u>		c. CITY OR TOWN <u>Warrensburg</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warrensburg</u>		Length of stay in 1b <u>Life</u>		d. STREET ADDRESS (If outside, give location) <u>R.R.#5, Warrensburg, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R.R.#5, Warrensburg, Mo.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>ROY</u>		Middle <u>CUNNINGHAM</u>		Month <u>October</u>		Day <u>4th</u> Year <u>1960</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-12-1892</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>C.M.S.C. Emplouee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bldg. Supervisor</u>		11. BIRTHPLACE (City and state or country) <u>KnobNoster, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Peter William Cunningham</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Maxwell</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Berdena Cunningham</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>13 548 203</u>		17. INFORMANT <u>Mrs. Berdena Cunningham, Warrensburg, Mo.</u>			
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 <u>14 days</u>	
IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>							
DUE TO (b) <u>Atherosclerotic heart disease</u>							
DUE TO (c) <u>eyes.</u>							
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 checked="" 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 <u>9-28-1960</u> to <u>October 4th, 1960</u> and last saw him <u>alive</u> on <u>October 4th, 1960</u> . Death occurred at <u>4:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>Warrensburg, Missouri</u>		22c. DATE SIGNED <u>10-5-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-7-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>		23d. LOCATION (City, town, or county) <u>Warrensburg Missouri</u>		(State)
24. FUNERAL DIRECTOR <u>The Brauningers, Warrensburg, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Oct. 6, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Savannah Brutchfield</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 7 I 100
OCT 14 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed RA Brunninger

Licensed Embalmer No. 33

P.O. Address Warren

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