RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-044806

ILED VS DEC 5 1960

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Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 215

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall
Length of stay in 1b 2 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Marshall State School & Hospital
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1433 Poplar
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Joseph Middle Oscar Last Cunningham
4. DATE OF DEATH Month Day Year December 2, 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6-20-1940
9. AGE (last birthday) 20 yrs.
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) Patient
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (City and state or country) Springfield Mo
12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME James Franklin Cunningham
13b. MOTHER'S MAIDEN NAME Maggie Ramsey
14. NAME OF HUSBAND OR WIFE ---
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Records of Marshall State School and Hospital, Marshall, Mo.

MEDICAL CERTIFICATION

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 hemorrhage
INTERVAL BETWEEN ONSET AND DEATH 14 hrs.
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)
Encephalopathy advanced, epilepsy.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

BY AFFIDAVIT OF

21. I attended the deceased from 4-1-1958, to 12-2-1960 and last saw ~~him~~ alive on 12-2-1960
Death occurred at 8:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. B. Ray (Degree or title) M. D.
22b. ADDRESS Marshall, Mo.
22c. DATE SIGNED 12-2-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12-2-1960
23c. NAME OF CEMETERY OR CREMATORY Clear Creek Cemetery
23d. LOCATION (City, town, or county) (State) Greene Co., Mo
24. FUNERAL DIRECTOR ADDRESS Campbell-Lewis, Marshall Mo.
25. DATE RECD. BY LOCAL REG. 12-2-'60
26. REGISTRAR'S SIGNATURE Cecil H. Read

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed James H Lewis Jr.
Signature of Student Embalmer

Licensed Embalmer No. 4709

P. O. Address Marshall

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