

**FEDERAL BUREAU OF INVESTIGATION
FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

60-044925

FILED VS NOV 22 1960 3 59

Registration District No. _____ Primary Registration District No. **4 526** Registrar's No. **22**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo b. COUNTY Vernon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sheldon		Length of stay in 1b 1 month		c. CITY OR TOWN Sheldon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None				d. STREET ADDRESS Drywood Township		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Martin Middle Wesley Last Cunningham			4. DATE OF DEATH Month Nov. Day 12 Year 1960				
5. SEX Male	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/26/1879	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and state or country) Cedar Co., Mo		12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME J. A. Cunningham			13b. MOTHER'S MAIDEN NAME Sarah Cass		14. NAME OF HUSBAND OR WIFE Sellie Jane		
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 Address Sarah Jane Cunningham, Sheldon			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion						INTERVAL BETWEEN ONSET AND DEATH 5-8 min	
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) Dian died in bed, no previous medical attention					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		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Sheldon		COUNTY MO	STATE
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.							
22a. SIGNATURE (Degree or title) <i>Paul H. Smith</i>				22b. ADDRESS <i>Needs</i>		22c. DATE SIGNED <i>11/12/60</i>	
23a. BURIAL, CREATION, REMOVAL (Specify) Burial	23b. DATE Nov. 12 60	23c. NAME OF CEMETERY OR CREMATORY Sheldon		23d. LOCATION (City, town, or county) Sheldon MO			
24. FUNERAL DIRECTOR ADDRESS Beeny Funeral Home Sheldon Mo.			25. DATE RECD. BY LOCAL REG. Nov 15 1960		26. REGISTRAR'S SIGNATURE <i>Mr. Paul H. Smith</i>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Ernest Beery

Licensed Embalmer No. 4203

P. O. Address Felders m

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