

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-045321**  
STATE FILE NUMBER

AMENDED

Registration District No. 163 Primary Registration District No. 5393 Registrar's No. 70

**FILED DEC 20 1961**

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>JEFF.</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>PLATTIN RURAL</b>		Length of stay in 1b		c. CITY OR TOWN <b>FESTUS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ROSE HILL REST HOME</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3 RYAN STREET</b>	
3. NAME OF DECEASED (Type or print) <b>CHESTER</b> First Middle <b>A.</b> Last <b>CUNNINGHAM</b>			4. DATE OF DEATH <b>12-14-61</b> Month Day Year		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-16-1892</b>	9. AGE (last birthday) <b>79</b>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (City and state of country) <b>FESTUS, MO.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>ROBERT CUNNINGHAM, SR.</b>		13b. MOTHER'S MAIDEN NAME <b>MANDARIA MC MULLEN</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>ROBERT CUNNINGHAM, JR.</b>		Address <b>CRYSTAL CITY 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>Cardiovascular disease</b> DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
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"/> No <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 <u>Apr 10, 1961</u> to <u>Nov 27, 61</u> and last saw him alive on <u>Nov 27, 61</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Robert J. Burgess, M.D.</i> (Degree or title)			22b. ADDRESS <i>Festus, Mo</i>		22c. DATE SIGNED <b>12/16/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>12-16-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CHARTER</b>		23d. LOCATION (City, town, or county) (State) <b>R#1 FESTUS, MO.</b>	
24. FUNERAL DIRECTOR <b>GENTRY R. POLITTE</b> ADDRESS <b>CRYSTAL CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>Dec. 16 - 1961</b>		26. REGISTRAR'S SIGNATURE <i>Marie Farris</i>	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

THEM NO. SHOULD READ

DEC 21 1961

**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 Anthony R. Politte

Licensed Embalmer No. 3481

P. O. Address Crystal

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.