MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-001005

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 10

FILED JAN 15 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY FRANKLIN
c. CITY OR TOWN SULLIVAN — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.R.I — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First ANDREW Middle A. Last CUNNINGHAM

4. DATE OF DEATH Month JAN Day 5 Year 1962

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH NOV. 14, 1878
9. AGE (last birthday) 83 — 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) FARMER
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (City and state or country) GERALD, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME LEVI CUNNINGHAM
13b. MOTHER'S MAIDEN NAME IDA SCHMIDT
14. NAME OF HUSBAND OR WIFE SARAH MITCHELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of servic
16. SOCIAL SECURITY NO. 7
17. INFORMANT SARAH CUNNINGHAM, Address SULLIVAN, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line f
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 3 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hyp. & Latec Pneumonia
DUE TO (c)
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. ☐ 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 ~~1-5-61~~

21. I attended the deceased from 8-6-60, to 1-5-62 and last saw her/him alive on 1-4-62
Death occurred at 10 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chara Schmidt MD
22b. ADDRESS Gerald Mo.
22c. DATE SIGNED 1-8-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JAN. 9, 1962
23c. NAME OF CEMETERY OR CREMATORY SCHMIDT CEM.
23d. LOCATION (City, town, or county) (State) SULLIVAN. R.R.I, MO.

24. FUNERAL DIRECTOR H.M. EATON ADDRESS SULLIVAN, MO.
25. DATE RECD. BY LOCAL REG. 1/9/62
26. REGISTRAR'S SIGNATURE Leola C. Hudman

(Licensed Embalmer's Statement on Reverse Side)

JAN 16 1962

MAR 7 1962

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_____ Signed Harrison M. Eaton

Signature of Student Embalmer

Licensed Embalmer No. 4192

P. O. Address Sullivan, Mo

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.