

FILED MAY 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17037**
Registrar's No. **167**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Independence		c. LENGTH OF STAY (in this place) 68 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City 3	
		d. STREET ADDRESS (If rural, give location) 604 Glenwood	
3. NAME OF DECEASED (Type or Print) a. (First) Lester		b. (Middle) Y	
		c. (Last) Cunningham	
4. DATE OF DEATH (Month) (Day) (Year) April 25, 1950			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 9, 1881
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager safety deposit	11. BIRTHPLACE (State or foreign country) Independence, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY dept. bank	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Wm. A. Cunningham		13b. MOTHER'S MAIDEN NAME Anna E. Hughes	
14. NAME OF HUSBAND OR WIFE Ann G. Cunningham			
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. 486 01 9344 B	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ann G. Cunningham, K. C. 3, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Congestive Heart Failure with pulmonary edema II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 44 3X			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July, 1948 , to Apr. 25, 1950 that I last saw the deceased alive on Apr. 25, 1950 , and that death occurred at 1:45 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE W. H. Grubbs, M.D.		23b. ADDRESS Independence Mo.	
23c. DATE SIGNED 4/25/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Apr. 27, 1950	
24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Independence, Mo.	
DATE REC'D BY LOCAL REG. 4/27-1950		REGISTRAR'S SIGNATURE W. H. Grubbs	
25. FUNERAL DIRECTOR'S SIGNATURE Chas. Larson		ADDRESS Independence, Mo.	

0484

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 15 1950

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
Student Embalmer

Signed R. A. Lisle
.....

Licensed Embalmer No. 4123

P. O. Address Independence, 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 this body is not embalmed, fact should be so stated above.