

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11415**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **183**

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

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>	
c. LENGTH OF STAY (in this place) <b>16 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1200 South Ranney Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Southeast Missouri Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>	b. (Middle) <b>Wilson</b>	c. (Last) <b>Cunningham</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 3, 1954</b>
--	---------------------------	-----------------------------	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 2, 1877</b>	9. AGE (In years last birthday) <b>77</b> Months <b>5</b> Days <b>15</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Feed Store</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Drum, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>Preston Cunningham</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Markham</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>490-24-9857</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Eula McFerron</b>	ADDRESS <b>Cape Girardeau, Mo.</b>
---	---	---	------------------------------------

18. CAUSE OF DEATH (Enter only one cause per line: (a), (b), and (c)) <i>This does not mean the process dying, such as hyperthermia, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolus</b>		<b>5 min</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Auricular Fibrillation</b> DUE TO (c)		<b>??</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Prostatic Hypertrophy 3 yrs</b>			

19a. DATE OF OPERATION <b>5-3-54</b>	19b. MAJOR FINDINGS OF OPERATION <b>Benign Prostatic Hypertrophy</b>	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) <b>610X</b>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Apr 2, 1954** to **5-3, 1954** that I last saw the deceased alive on **5-7, 1954** and that death occurred at **3** **m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. K. Sabaugh</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Cape Girardeau</b>	23c. DATE SIGNED <b>5-7-54</b>
---	------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 6, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dongola Cemetery</b>	24d. LOCATION (City, town, or post office) (State) <b>Advance, Missouri</b>
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>5-8-54</b>	REGISTRAR'S SIGNATURE <b>W. C. Summers</b>	GENERAL DIRECTOR'S SIGNATURE <b>John J. Coody</b>	ADDRESS <b>Ford-Young Funeral Home Cape Girardeau, Mo</b>
--	--	---	---

10-9-61 5 9 14PM

EM 20 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 .....  
Student Embalmer

Signed

*Philip J. Cassidy*

Licensed Embalmer No. 4618

P. O. Address Cape Girardeau, Missouri

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.