

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15833

State File No. ....

1808

|   |  |  |   |  |  |  |  |
|---|--|--|---|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>  |   | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. <u>1808</u>  |  |
| 1. PLACE OF DEATH   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).   |  |  |  |
| a. COUNTY<br><b>Jackson</b>   |  | a. STATE<br><b>Missouri</b>  |   | b. COUNTY<br><b>Jackson</b>  |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN<br><b>Kansas City</b>   |  | c. LENGTH OF STAY (in this place)<br><b>LIFE</b>   |   | c. CITY OR TOWN<br><b>Kansas City</b>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>General Hospital No. 1</b>  |  |  |   | STREET ADDRESS (If rural, give location)<br><b>12 932 1/2 Main</b>                       |  | <b>312 8</b>   |  |
| 3. NAME OF DECEASED (Type or Print)   |  |  | 4. DATE OF DEATH  |  |  |  |  |
| a. (First)  | b. (Middle)  | c. (Last)  | (Month)   | (Day)  | (Year)   |  |  |
| <b>(Cor) Cornelius Anthony</b>  |  |  | <b>Cunningham</b>                                       |  |  | <b>4 20 1954</b>   |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Single</b>                                | 8. DATE OF BIRTH<br><b>May 11, 1902</b>                 |  | 9. AGE (In years last birthday)<br><b>51 years</b>               | IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>odd jobs</b>   |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Kansas City, Mo.</b>            |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME<br><b>Michael Cunningham</b>   |  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Curtin</b>         |  |  | 14. NAME OF HUSBAND OR WIFE<br>-----   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><b>No</b>  |  | 16. SOCIAL SECURITY NO.<br><b>300-14-1509</b>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>John Cunningham 520 W. 12th-Apt #123</b> |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Primary bronchogenic carcinoma of left lung with extension to lymph nodes, esophagus and pericardium</b> |  |   |  |  |  |  |
|   | ANTECEDENT CAUSES DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>                               |  |   |  |  |  |  |
|   | DUE TO (c) _____   |  |   |  |  |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                |  |   |  |  | <b>102 1/2</b>   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |   |  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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)  |  |  |  |
| 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 <u>April 8</u> , 19 <u>54</u> , to <u>April 20</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>April 20</u> , 19 <u>54</u> , and that death occurred at <u>9 P. m.</u> , from the causes and on the date stated above. |  |  |   |  |  |  |  |
| 23a. SIGNATURE<br><b>B.I. Burns</b> (Degree or title)<br><i>B.I. Burns, M.D.</i>  |  |  |   | 23b. ADDRESS<br><b>24th &amp; Cherry</b>   |  | 23c. DATE SIGNED<br><b>4-21-54</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24b. DATE<br><b>April 23, 1954</b>   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>St. Mary's</b> |  | 24d. LOCATION (City, town, or county) (State)<br><b>K.C. Mo.</b> |  |  |
| DATE REC'D BY LOCAL REG.<br><b>4-22-54</b>  |  | REGISTRAR'S SIGNATURE<br><i>Geraldine Smith</i>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Thomas E. Quirk 4316 Troost Ave.</b>      |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. J. H. ...

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb  
by me, or by ..... Student Embalmer No .....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed .....  
*[Handwritten Signature]*

Licensed Embalmer No. ....

P. O. Address .....

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