

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15834

State File No. 1844

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>47 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				STREET ADDRESS <u>3631 Park</u>		<u>3558</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>			b. (Middle) <u>W.</u>		c. (Last) <u>CUNNINGHAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 22, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-28-87</u>		9. AGE (In years last birthday) <u>66</u> 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) <u>Train clerk</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco RR</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Evanston, Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Cunningham</u>			13b. MOTHER'S MAIDEN NAME <u>Anne Calhoun</u>			14. NAME OF HUSBAND OR WIFE <u>Rose Quinn Cunningham</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>702-07-1285</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Rose Cunningham, 3631 Park, KC, Mo.</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GASTROINTESTINAL HEMORRHAGE</u> ANTECEDENT CAUSES DUE TO (b) <u>DUODENAL ULCER</u> DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>RUPTURE OF ULCER SUBHEPATIC ABSCESS AURICULAR FIBRILLATION</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>2 yrs?</u> <u>5 1/2</u>	
19a. DATE OF OPERATION <u>APRIL 21 54</u>		19b. MAJOR FINDINGS OF OPERATION <u>SUBHEPATIC ABSCESS</u>					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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>3-5</u> , 19 <u>54</u> , to <u>4-22</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4-21</u> , 19 <u>54</u> , and that death occurred at <u>4A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>James A. McVay</u> (Degree or title) <u>James A. McVay M.D.</u>				23b. ADDRESS <u>814 Porter Bldg</u>			23c. DATE SIGNED <u>4-23-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-24-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>4-24-54</u>		REGISTRAR'S SIGNATURE <u>Shelding Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-MoGilley-Eylar, Kansas City, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. J. A. McVay, Jr.
Porter Bldg.
34th + Broadway
Va. 5800

2-5

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.....

Licensed Embalmer No. 200

P. O. Address..... K

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.