

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8929**

FILED APR 7 1955

BIRTH NO. _____ REG. DIST. NO. **239** PRIMARY REG. DIST. NO. **4356** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid 1720	
b. CITY (If outside corporate limits, write RURAL and give township) Parma		c. LENGTH OF STAY (In this place) 18 yrs.	c. CITY OR TOWN Parma
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Charley	b. (Middle) Wilford	c. (Last) Cunningham	(Month) Mar.	(Day) 27	(Year) 1955
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 12 1869	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Harrison County Ind.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Cunningham	13b. MOTHER'S MAIDEN NAME Elizabeth Thompson	14. NAME OF HUSBAND OR WIFE deceased
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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.	17. INFORMANT'S SIGNATURE OR NAME Mrs Neely Lee	ADDRESS Parma Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIODEGENERATION		
	ANTECEDENT CAUSES DUE TO (b) SENILITY DUE TO (c)		
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 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **8-5-53**, 19**53**, to **2-20-55**, 19**55**, that I last saw the deceased alive on **2-20-55**, 19**55**, and that death occurred at **8:45 p** m., from the causes and on the date stated above.

23a. SIGNATURE D J Lange	(Degree or title)	23b. ADDRESS PARMA-MO	23c. DATE SIGNED 3-29-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 30 1955	24c. NAME OF CEMETERY OR CREMATORY Memorial Park 217	24d. LOCATION (City, town, or county) (State) Malden Mo.
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DATE REC'D BY LOCAL REG. 3/31/55	REGISTRAR'S SIGNATURE D. G. ...	25. FUNERAL DIRECTOR'S SIGNATURE Walker ...	ADDRESS Parma Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Walter Marsh Wathen*.....

Licensed Embalmer No. *4712*.....

P. O. Address *Dexter, 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.