

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11855**

1474

|   |  |  |  |   |  |   |  |  |
|---|--|--|--|---|--|---|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1002</u>  |  | Registrar's No. <u>1474</u>   |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |   |  |  |
| b. CITY OR TOWN <u>Kansas City</u>  |  | c. LENGTH OF STAY (in this place) _____  |  | 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>HoWe Rest 708 Garfield</u>   |  |  |  | STREET ADDRESS (If rural, give location) <u>708 Garfield 3178</u>   |  |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>Cornelius Cunningham</u>  |  |  | 4. DATE OF DEATH <u>3-29-55</u>                |   |  |   |  |  |
| a. (First)  |  | b. (Middle)  |  | c. (Last)   |  |   |  |  |
| 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>9-9-1860</u>  |  |  |
| 9. AGE (In years last birthday) <u>94</u>   |  | IF UNDER 1 YEAR Months _____   |  | IF UNDER 1 YEAR Days _____  |  | IF UNDER 1 HRS. Hours _____ Min. _____  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most working life. Even if retired) <u>Pensioner</u>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>State</u> |   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Canada</u>  |  |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>  |  |  | 13a. FATHER'S NAME <u>Unknown</u>              |   | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> |   | 14. NAME OF HUSBAND OR WIFE <u>Martha Cunningham</u> |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |  | 16. SOCIAL SECURITY NO. <u>None</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Frank Smith</u> ADDRESS <u>3915 E 12th K.C. Mo.</u>  |  |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION  |  |   |  |   |  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>  |  | INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>  |  |   |  |   |  |  |
| ANTECEDENT CAUSES<br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.   |  | DUE TO (b) <u>Arteriosclerosis</u>   |  |   |  |   |  |  |
|   |  | DUE TO (c) _____   |  |   |  |   |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  | <u>4500</u>  |  |   |  |   |  |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |   |  | 20. AUTOPSY? YES <input 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) _____   |  | 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>3-24-55</u> , 19 <u>55</u> , to <u>3-29-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-29-55</u> , and that death occurred at <u>5 pm</u> , from the causes and on the date stated above. |  |  |  |   |  |   |  |  |
| 23a. SIGNATURE <u>Frank Paul Laurenzans</u> (Degree or title) <u>MD</u>   |  |  |  | 23b. ADDRESS <u>498 Smith White Ave</u>   |  | 23c. DATE SIGNED <u>3-29-55</u>   |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____   |  | 24b. DATE <u>4/2/55</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Crestwood</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Western District Col.</u>  |  |  |
| DATE REC'D BY LOCAL REG. <u>4-2-55</u>  |  | REGISTRAR'S SIGNATURE <u>neva munsell</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Blaine E. Winder</u>  |  | ADDRESS <u>K.C. Mo</u>  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *B. E. Weiland*

Licensed Embalmer No. *407*

P. O. Address *K.C. 8, 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.