

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

19229

State File No.

FILED JUN 27 1955

BIRTH NO.		REG. DIST. NO. <u>169</u>	PRIMARY REG. DIST. NO. <u>4258</u>	Registrar's No.
1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>St. Charles</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>		c. LENGTH OF STAY (in this place) <u>8 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u> 0923	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital & Clinic</u>		d. STREET ADDRESS (If rural, give location) <u>424 Jefferson St</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u>		b. (Middle) <u>ROBERT</u>	c. (Last) <u>CUNNINGHAM</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 19, 1955</u>		5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>		8. DATE OF BIRTH <u>Feb 19, 1931</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>line-man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Power Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Knox County, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Claude Cunningham</u>		
13b. MOTHER'S MAIDEN NAME <u>Maxine Graham Barnes</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Lou Cunningham</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War II</u>		16. SOCIAL SECURITY NO. <u>498-32-4373</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Claude Cunningham Columbia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Car wreck.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4 mi east of Edina</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Edina Mo. Knox Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 18 55 10:45 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>
22. I hereby certify that I attended the deceased from <u>June 18, 1955</u> , to <u>June 19, 1955</u> , that I last saw the deceased alive on <u>June 19, 1955</u> , and that death occurred at <u>6:30 PM</u> from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Edina Mo.</u>		23c. DATE SIGNED <u>6-22-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 19, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Columbia cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Edina Mo.</u>		
DATE REC'D BY LOCAL REG. <u>June 24-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		51-0

(Licensed Embalmer's Statement on Reverse Side)

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

10. 300
0. 48

520
0

JUN 27 1957
#961 28 NUP

APR 23 1956

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

Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina, 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 this body is not embalmed, fact should be so stated above.