

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

State File No. **20933**

FILED JUL 22 1955

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 198

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Adair</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>	
b. CITY OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rutledge</u>	
c. LENGTH OF STAY (in this place) <u>11 days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KOH Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>EARL</u> b. (Middle) <u>D</u> c. (Last) <u>CUNNINGHAM</u>			June 26 1955		
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>Aug. 15, 1905</u>		9. AGE (In years last birthday) <u>49</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Knox County, Mo.</u>	
13a. FATHER'S NAME <u>Robert Cunningham</u>			13b. MOTHER'S MAIDEN NAME <u>Mary E Cox</u>		14. NAME OF HUSBAND OR WIFE <u>Cordonna Cunningham</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cordonna M Cunningham</u>	
				ADDRESS <u>Rutledge, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>OVERWHELMING TOXEMIA</u>		DUE TO (b) <u>UREMIA</u>		<u>2 WEEKS</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>MALIGNANT HYPERTENSION</u>		<u>10 YRS</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>CARDIO VASCULAR RENAL SYNDROME</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>441X</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 APRIL 10, 1955, to 6-26, 1955, that I last saw the deceased alive on 6-26, 1955, and that death occurred at 8:20P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. J. Willard</u>		23b. ADDRESS <u>DO. KOH HOSPITAL KIRKSVILLE</u>		23c. DATE SIGNED <u>6-26-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>June 29-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pauline Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Rutledge Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>			
DATE REC'D BY LOCAL REG. <u>7-19-55</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		ADDRESS <u>[Address]</u>	

MAR 7 1959

JUL 22 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.....

Licensed Embalmer No.

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.