

FILED FEB 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4296**

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 486 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>	
c. LENGTH OF STAY (in this place) <u>4 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>316 MAPLE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>316 MAPLE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HARVE</u> b. (Middle) <u>HARRISON</u> c. (Last) <u>CUNNINGHAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 18 1956</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>July 22, 1892</u>		9. AGE (In years last birthday) <u>63</u>		10. IF UNDER 14 HRS. Hours Min. <u>6 26</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING-SHOE FACTORY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE</u>		11. BIRTHPLACE (State or foreign country) <u>FRANKLIN COUNTY, MO. STRAIN, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>LEVI CUNNINGHAM</u>		13b. MOTHER'S MAIDEN NAME <u>EDA SCHMIDT</u>		14. NAME OF HUSBAND OR WIFE <u>ETHEL HEUENER</u>	
---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>494-07-0221</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. ETHEL CUNNINGHAM SULLIVAN, 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>Acute Coronary Occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Myocardial Ischemia</u> DUE TO (c) <u>Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 Hours</u> <u>62 minutes</u> <u>years</u>	
--	--	--	--	--	--	---	--

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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Feb 16, 1956, to Feb. 18, 1956, that I last saw the deceased alive on Feb 18, 1956, and that death occurred at 2:35 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert W. Crawford, M.D.</u>		23b. ADDRESS <u>Sullivan, Missouri</u>		23c. DATE SIGNED <u>Feb 20-1956</u>	
--	--	--	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 20, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SULLIVAN MO</u>	
---	--	--------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>2-20-56</u>		REGISTRAR'S SIGNATURE <u>Thomas G. Humphrey</u>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. Wheaton Sullivan, Mo.</u>	
---	--	---	--	--	--

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

0 361

2361

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 J. A. Humphrey

Licensed Embalmer No. 3772

P. O. Address Sullivan, 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.