

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7718

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>6084</u>		Registrar's No. <u>423</u>			
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural - Blackwater</u>		c. LENGTH OF STAY (in this place) <u>ALL his life</u>		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1/4 Mi west of 40-65 Junction</u>				e. STREET ADDRESS (If rural, give location) <u>1/4 Mi west of 40-65 Marshall Junct</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joe</u> b. (Middle) <u>-</u> c. (Last) <u>Cunningham</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 5 1956</u>						
5. SEX <input checked="" type="checkbox"/> Male		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 19-1888</u>			
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>16</u>		IF UNDER 24 HRS. Hours <u>16</u> Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Farm Work</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Malta Bend, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Johnson Cunningham</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Tickemver</u>			14. NAME OF HUSBAND OR WIFE <u>Mabel Holder Cunningham</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-16-9037</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lenwood Cunningham</u>				ADDRESS <u>Marshall, Mo. R1</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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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 <u>5 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>33ix</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 <u>Mar 1</u> , 19 <u>56</u> to <u>Mar 5</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Mar 5</u> , 19____, and that death occurred at <u>4:30 AM</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John M. Neish MD</u>				23b. ADDRESS <u>Marshall RFD 1</u>				23c. DATE SIGNED <u>3.5.56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/7/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Logwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Logwood, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Mar 5-56</u>		REGISTRAR'S SIGNATURE <u>Cecil G. Reed, Dep-5</u>		385		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heckie Swamy - Marshall, Mo.</u>			

WRITE PLAINLY—USING UNFADING 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.....
J. Leslie Swanson

Licensed Embalmer No. *3735*

P. O. Address *Marshall,*

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.