

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12340

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Columbia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone C. Hospital		d. STREET ADDRESS (If outside, give location) 501 Perishing Rd.	
3. NAME OF DECEASED (Type or print) Frank Ross Cunningham		4. DATE OF DEATH 5 6 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 10, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	
13. FATHER'S NAME Alonzo Cunningham		14. MOTHER'S MAIDEN NAME Frances Hopper	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Joe Cunningham		Address 201 Persing Col.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) Atherosclerotic heart disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Dissecting Aneurysm of aorta 4200			INTERVAL BETWEEN ONSET AND DEATH 7 days Unknown
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 6 May 56 to 6 May 56 and last saw him alive on 6 May 56. Death occurred at 2:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Roland P. Fedewy MD		22b. ADDRESS Columbia, Mo	
22c. DATE SIGNED 6 May 56			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5-8-1956	
23c. NAME OF CEMETERY OR CREMATORY Nashville Cemetery		23d. LOCATION (City, town, or county) Boone County, Mo.	
24. FUNERAL DIRECTOR Lyman Sprinkle		25. DATE RECD. BY LOCAL REG. May 7, 1956	
ADDRESS Columbia, Mo.		26. REGISTRAR'S SIGNATURE Mrs. R. E. Palmer	

(Licensed Embolmer's Statement on Reverse Side)

MAY 16 1958  
MAY 28 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, ~~city~~ ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Lymon H. Spink*

Licensed Embalmer No. 4

P. O. Address *Calum*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING  
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.