

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37261

State File No. ....

FILED NOV 26 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Cape GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ill</u> b. COUNTY <u>Alexander</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Tamms</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 wks</u>		STREET ADDRESS (If rural, give location) <u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clyde</u> b. (Middle) <u>Frederick</u> c. (Last) <u>Cunningham</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 10, 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>Feb. 2, 1910</u>		9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 11 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumber business</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Manager</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Osly, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Clarence Cunningham</u>		13b. MOTHER'S MAIDEN NAME <u>Grace Wilson</u>	
14. NAME OF HUSBAND OR WIFE <u>Martha Cunningham</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>330-07-8009</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Martha Cunningham, Tamms, Ill.</u>		17. ADDRESS		17. ADDRESS	

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>Anuria and pericarditis</u>		DUE TO (b) <u>Uremia</u>		<u>2 wks.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Chronic glomerulonephritis</u>		<u>9 months</u>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)				<u>6 1/2 yrs.</u>	
19a. DATE OF OPERATION <u>None</u>		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)	
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 1-9, 1950, to 11-10, 1956, that I last saw the deceased alive on 11-10, 1956, and that death occurred at 12:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L.R. Seabough, M.D.</u> (Degree or title)		23b. ADDRESS <u>219 N. Pacific Cape Girardeau, Mo</u>		23c. DATE SIGNED <u>11-13-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 13, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Fairfield, Ill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Go. P. Crain</u>		ADDRESS <u>Mounds, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>11-19-56</u>		REGISTRAR'S SIGNATURE <u>W. C. Summers</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 *W. H. Estes*.....

Licensed Embalmer No. *356*.....

P. O. Address *Cape Air*.....

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.