

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 21 1956

State File No. **39016**  
Registrar's No. **155**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054**

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Pike</b>	
b. CITY OR TOWN <b>Louisa</b>		c. CITY OR TOWN <b>Bowling Green, Mo</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>08 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pike Co. Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>EUGENE</b> b. (Middle) <b>-</b> c. (Last) <b>Cunningham</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 9 1956</b>		
5. SEX <b>MALE</b>		6. COLOR OF RACE <b>White</b>		8. DATE OF BIRTH <b>Sept 30 1897</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		<b>Widowed</b>		9. AGE (In years) (last birthday) <b>69</b> (Months) <b>1</b> (Days) <b>4</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Pike Co. Mo</b>	
<b>Retired R.R. Man</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Cunningham</b>		13b. MOTHER'S MAIDEN NAME <b>Don't Know</b>		14. NAME OF HUSBAND OR WIFE <b>Katherine Cunningham</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war/for dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mark R Cunningham</b> ADDRESS <b>Wardsville Mo</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiovascular collapse</b>			INTERVAL BETWEEN ONSET AND DEATH <b>18 hr.</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute coronary occlusion</b>			<b>24 hr.</b>
		DUE TO (c) <b>Arteriosclerosis of brain</b>			<b>yes.</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 **11/2**, 19**56**, to **11/3**, 19**56**, that I last saw the deceased alive on **11/3**, 19**56**, and that death occurred at **1:29** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John W Middleton M.D.</b>		23b. ADDRESS <b>Louisa</b>		23c. DATE SIGNED <b>11/5/56</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 4 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bowling Green</b>		24d. LOCATION (City, town, or county) (State) <b>Bowling Green MO</b>	
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DATE REC'D BY LOCAL REG. <b>Nov 6 1956</b>		REGISTRAR'S SIGNATURE <b>Bernice Calder</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Grace Bankhead</b> ADDRESS <b>Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Jared C. Kins

Licensed Embalmer No. 4597

P. O. Address Banding Lane

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.