

FILED DEC 31 1956

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40523**

BIRTH NO. _____		REG. DIST. NO. 30		PRIMARY REG. DIST. NO. 510L		Registrar's No. 47	
1. PLACE OF DEATH a. COUNTY Benton Alexander Twp.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Benton			
b. CITY OR TOWN Fairfield, Mo.		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Fairfield		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) 0080			
3. NAME OF DECEASED (Type or Print)		a. (First) Robert		b. (Middle) Edward		c. (Last) Cunningham	
4. DATE OF DEATH		(Month) Dec		(Day) 21		(Year) 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH	
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 1 Days 4		IF UNDER 24 HRS. Hours Min. 		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Rte Merchants Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and State or Foreign Country) Fairfield Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jack Cunningham		13b. FATHER'S MAIDEN NAME Elizabeth Anderson		14. NAME OF HUSBAND OR WIFE Richard Cunningham			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Richard Cunningham ADDRESS _____			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Myeloma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Embolic Encephalomalacia 30 days DUE TO (c) Atherosclerosis 5 yrs 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 332x				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 Mar 1, 1953 , to 12-21, 1956 , that I last saw the deceased alive on Dec 20, 1956 , and that death occurred at 3:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Emmalene DOR Warsaw mo (Degree or title)				23b. ADDRESS _____		23c. DATE SIGNED 12/29/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE Dec 23 1956		24c. NAME OF CEMETERY OR CREMATORY Fairfield Cemetery Fairfield, Mo.		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. Dec 23 1956		REGISTRAR'S SIGNATURE John A. Logan		25. FUNERAL DIRECTOR'S SIGNATURE John A. Logan ADDRESS Warsaw			

(License of Embalmer's State set on Reverse Side)

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

No. 300
10-48

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..... *John F. Reese*

Licensed Embalmer No. *408*

P. O. Address... *Waco*

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.