

FILED JAN 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2340**

BIRTH NO. _____ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **3055** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Bolivar)		c. LENGTH OF STAY (in this place) 3 Yrs.	c. CITY OR TOWN Bolivar
d. FULL NAME OF HOSPITAL OR INSTITUTION 404 E. Broadway		STREET ADDRESS (If rural, give location) 404 E. Broadway	

3. NAME OF DECEASED (Type or Print) a. (First) Gus	b. (Middle) _____	c. (Last) Cunningham	4. DATE OF DEATH (Month) (Day) (Year) Jan. 20, 1957
--	-------------------	-----------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 8, 1987	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 5 Days 12	IF UNDER 24 HRS. Hours 12 Min. _____
--------------------	-------------------------------	---	-------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm & Stockman	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) S.E. of Bolivar	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	---

13a. FATHER'S NAME Robert W. Cunningham	13b. MOTHER'S MAIDEN NAME Florence Callaway	14. NAME OF HUSBAND OR WIFE Ollie Alberta 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. Vera Hendrickson, Bolivar, Mo.	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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerosis		INTERVAL BETWEEN ONSET AND DEATH 39 yrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ ✓ DUE TO (c) _____ ✓		
	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 4500	20. AUTOPSY? 2 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 **for about 30 yrs**, that I last saw the deceased alive on **19** and that death occurred at **20:32** m., from the causes and on the date stated above.

23a. SIGNATURE W. Bridges	(Degree or title) _____	ADDRESS Bolivar Mo	DATE SIGNED 1-22-57
----------------------------------	-------------------------	---------------------------	----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-22-57	24c. NAME OF CEMETERY OR CREMATORY Mt. Gilead Cemetery	24d. LOCATION (City, town, or county) (State) Near Bolivar, Mo.
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. Jan 23, 1957	REGISTRAR'S SIGNATURE Ralph Henderson	25. FUNERAL DIRECTOR'S SIGNATURE Erwin & Blue	ADDRESS Bolivar, Mo.
--	--	--	-----------------------------

(Licensed Embalmer's Signature on Reverse Side)

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

084

0840

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 *Marshall C. Black*.....

Licensed Embalmer No. *47*.....

P. O. Address *Bolivar*.....

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.