

FILED MAY 29 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER  
2231

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>4524 ROANOKE PKWY</b>	
3. NAME OF DECEASED (Type or print) First <b>FAY</b> Middle <b>V.</b> Last <b>CUNNING</b>		4. DATE OF DEATH Month <b>MAY</b> Day <b>11</b> Year <b>1957</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1887</b> <b>AUG-4-1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TIME KEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>UNION PACIFIC R.R.</b>	11. BIRTHPLACE (City and state or country) <b>MARCELINE, MISSOURI</b>
13a. FATHER'S NAME <b>DAVID WARREN CUNNING</b>		13b. MOTHER'S MAIDEN NAME <b>CARLOTTA WEST</b>	14. NAME OF HUSBAND OR WIFE .....
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>712-01-8434</b>	17. INFORMANT Address <b>4524 ROANOKE PKWY</b> <b>MIS'S CARLOTTA CUNNING KANSAS CITY MO.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatosis</b> <b>Primary Breast</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ..... DUE TO (c) .....			INTERVAL BETWEEN ONSET AND DEATH <b>170x</b>
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 ..... a.m. .... p.m. ....			
20d. INJURY OCCURRED WHILE AT <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 <b>Sept 56</b> to <b>4-11-57</b> and last saw her alive on <b>5-10-57</b> Death occurred at ..... m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>H. OWENS</b> (Degree or title) <b>D</b>		22b. ADDRESS <b>1034 Pralto Blvd</b>	22c. DATE SIGNED <b>5-13-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>MAY 14 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAN CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS</b>		ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>5-14-57</b> 26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



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 Chester K Brown

Licensed Embalmer No. 4931  
P. O. Address K E Mc

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.