

Health,
& Welfare
Public
Service

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1-56

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. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 21 1957

17012

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2117

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Sedgewick</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City, Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Wichita, Kansas</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>			Length of stay in 1b <u>13 hrs.</u>	d. STREET ADDRESS (If outside, give location) <u>1014 Ellis</u>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Gerard</u> Middle <u>V.</u> Last <u>Cunningham</u>				4. DATE OF DEATH Month <u>5</u> - Day <u>5</u> - Year <u>57</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>4-5-08</u>		9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PERSONNEL OFFICER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DEPT. INTERNAL REVENUE</u>		11. BIRTHPLACE (City and state or country) <u>NEAR MANHATTAN, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>JOSEPH H. CUNNINGHAM</u>				14. MOTHER'S MAIDEN NAME <u>ROSE A. UMISCHEID</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT Address <u>MRS ELDA F. CUNNINGHAM</u> <u>Wichita, KANSAS</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction due to Arteriosclerotic Coronary Thrombosis</u> DUE TO (b) <u> </u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a)							INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>H201</u>
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 <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>							
20d. INJURY OCCURRED WHILE AT WORK <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 <u>4 May 1957</u> to <u>5 May 1957</u> and last saw ^{her} <u>him</u> alive on <u>4 May 57</u> Death occurred at <u>8:00A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Philip Orcaul MD</u>				22b. ADDRESS <u>411 Nichols Rd.</u>		22c. DATE SIGNED <u>5-5-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>5-5-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u> </u>		23d. LOCATION (City, town, or county) (State) <u>Wichita, Kansas</u>			
24. FUNERAL DIRECTOR <u>D. W. Newcome's Sons</u> ADDRESS <u>1331 Duane</u>			25. DATE RECD. BY LOCAL REG. <u>5-5-57</u>		26. REGISTRAR'S SIGNATURE <u>Neve Marshall</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Philip G. Kaul

(Licensed Embalmer's Statement on Reverse Side)

2493

MAY 22 1957

DEC 8 1958

STATEMENT BY LICENSED EMBALMER

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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 *Adrian Jay Stett*

Licensed Embalmer No. 489

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.