

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018890

STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN AURORA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN AURORA 0551 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 221 W. Delta St.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 221 W. Delta St Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First, Middle, Last Artie C. Cunningham			4. DATE OF DEATH Month, Day, Year May 24, 1958		
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 5, 1891		9. AGE (In years, 1/2 birthday) 76 IF UNDER 1 YEAR: Months, Days IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY SELF	11. BIRTHPLACE (City and state or country) STONE COUNTY		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME NEWTON MONTGOMERY		13b. MOTHER'S MAIDEN NAME ELIZA KERRY		14. NAME OF HUSBAND OR WIFE GEORGE H CUNNINGHAM	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. -	17. INFORMANT Address Fred Cunningham, Aurora, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis			INTERVAL BETWEEN ONSET AND DEATH 90 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized Arteriosclerosis		
	DUE TO (c) 4201		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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, Month, Day, Year, a.m., p.m.					
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 **May 24, 1958** to **May 24, 1958** and last saw her alive on **May 24, 1958**
Death occurred at **7:05 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Fernand L. Kelley M.D.	22b. ADDRESS Aurora, Mo.	22c. DATE SIGNED 5/26/58
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL	23b. DATE 5-26-58	23c. NAME OF CEMETERY OR CREMATORY MAVS Hill	23d. LOCATION (City, town, or county) (State) CRANE R-1
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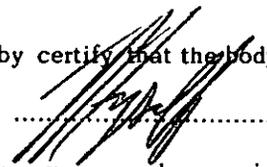
24. FUNERAL DIRECTOR ADDRESS O.L. Marsh, Aurora, Mo.	25. DATE RECD. BY LOCAL REG. May 27-58	26. REGISTRAR'S SIGNATURE Ora Mc Natt
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

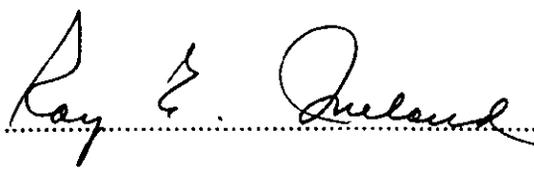
All diseases in Part I must be causally related.

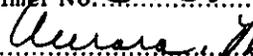
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STATEMENT BY LICENSED EMBALMER

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
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 5052
P. O. Address 

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.