

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006612

STATE FILE NUMBER

76

FILED MAR 2 1959 Registration District No. 274 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Pettis c. CITY OR TOWN Lamonte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamonte		c. CITY OR TOWN Lamonte	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1		d. STREET ADDRESS (If outside, give location) Route 1	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES BYRON CUNNINGHAM		4. DATE OF DEATH February 22, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 20, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Agriculture	11. BIRTHPLACE (City and state or country) Longwood, Mo.
10c. CITIZEN OF WHAT COUNTRY? U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Cunningham		13b. MOTHER'S MAIDEN NAME Mollie Baldwin	
14. NAME OF HUSBAND OR WIFE Sadie Stanley Cunningham		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give name or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs Sadie Cunningham, Address Route 1 Lamonte, 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) Acute myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Chronic myocarditis DUE TO (c) H. Influenza			INTERVAL BETWEEN ONSET AND DEATH 30 min 1 yr. 7 days
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 2-21-59 to 2-22-59 and last saw him alive on 2-21-59 Death occurred at home 5:10 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. L. Kirby, D.O.		22b. ADDRESS Knob Noster, Mo.	
22c. DATE SIGNED 2-22-59		22d. PLACE SIGNED Knob Noster, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/24/59	
23c. NAME OF CEMETERY OR CREMATORY Knobnoster Cemetery		23d. LOCATION (City, town, or county) (State) Knobnoster, Mo.	
24. FUNERAL DIRECTOR Frances Ewing, Address Knob Noster, Mo.		25. DATE RECD. BY LOCAL REG. Feb 24 1959	
26. REGISTRAR'S SIGNATURE Frances Shelby		26. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

health, Welfare public service 0 300 -57  
Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be stated. 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 *R. E. Baker* .....

Licensed Embalmer No. *2419* .....

P. O. Address *Sealester, Md* .....

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.