

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009348
STATE FILE NUMBER
1480

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1480

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes No
OR TOWN Kansas City

5. CITY OR TOWN Kansas City Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb
HOSPITAL OR Menorah Medical Center 36 yrs.

d. STREET ADDRESS (If outside, give location) Residence on Farm Yes No
1123 W. 76th K.C., Mo.

3. NAME OF DECEASED First Middle Last
Connell Patrick Cunningham

4. DATE OF DEATH Month Day Year
March 20 1959

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED
WIDOWED DIVORCED 8. DATE OF BIRTH May 21 1905

9. AGE (In years last birthday) 54 53 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, even if retired) Pipe Fitter

10b. KIND OF BUSINESS OR INDUSTRY Construction

11. BIRTHPLACE (City and state or country) Ireland Carrick Co. Donegal 4

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William James Cunningham 13b. MOTHER'S MAIDEN NAME Sarah Cannon 14. NAME OF HUSBAND OR WIFE Nora Cunningham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None

16. SOCIAL SECURITY NO. 487-26-6306 17. INFORMANT Address Mo. Mrs. Nora Cunningham 1123 W. 76th St. K.C.

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 myocardial infarction
DUE TO (b) Heart thrombosis, circumflex artery
DUE TO (c) Coronary atherosclerosis
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 4201

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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 NOT WHILE AT WORK

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 3-11-59 to 3-20-59 and last saw ^{her} _{him} alive on 3-20-59
Death occurred at 4:10 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jack C. Vincent, M.D. 22b. ADDRESS 701 E 63 K.C. Mo. 22c. DATE SIGNED 3-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 3-23-1959 23c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery 23d. LOCATION (City, town, or county) (State) Shawnee, Kansas

24. FUNERAL DIRECTOR ADDRESS Melody-McGilley-Eylar 20 W. Linwood K.C. Mo. 25. DATE RECD. BY LOCAL REG. 3-21-59 26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
Jack C. Vincent USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
-57



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 *John H. Dwyer*

Licensed Embalmer No. *2999*

P. O. Address *KC, Mo.*

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.