

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018289

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 51

300
-57

1. PLACE OF DEATH a. COUNTY LAFAYETTE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE COLORADO b. COUNTY PUEBLO	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEXINGTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PUEBLO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lexington Memorial Hosp-		Length of stay in 1b 24R.	854 st STREET ADDRESS (If outside, give location) 2707 E. 7th Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last WANDA RUTH CUNNINGHAM			4. DATE OF DEATH Month Day Year MAY 8-1959		
5. SEX FEMALE	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 MARCH-27-1939		9. AGE (In years last birthday) 20 IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress + Housewife		10b. KIND OF BUSINESS OR INDUSTRY on Line	11. BIRTHPLACE (City and state or country) Walnut Ridge ARK.		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME JAMES ESTES		13b. MOTHER'S MAIDEN NAME AGNES ? ? unknown		14. NAME OF HUSBAND OR WIFE LLOYD 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. 444-40-5615		17. INFORMANT Address LLOYD CUNNINGHAM - KANSAS CITY, 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) Shock		INTERVAL BETWEEN ONSET AND DEATH 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) skull fracture and massive hemorrhage	
	DUE TO (c) in pleural cavities	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Passenger in motor car which ran into Wall	
20c. TIME OF INJURY Hour Month, Day, Year 11:29 p.m. 5-7-59		was memorial at southeast Lexington Blvd	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 13 + 20th Lexington	20f. CITY, TOWN, OR LOCATION OF COUNTY STATE Lexington Lafayette MO	
21. I attended the deceased from after death to never and last saw her/him alive on never Death occurred at 11:30 p on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. Martin M.D. coroner 3		22b. ADDRESS Odessa Mo	
22c. DATE SIGNED 5-9-59			

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 5-10-59	23c. NAME OF CEMETERY OR CREMATORY VALHALLA Fun' Home	23d. LOCATION (City, town, or county) (State) PUEBLO COLO.
24. FUNERAL DIRECTOR ADDRESS CRANK-WALKER Lexington, MO		25. DATE RECD. BY LOCAL REG. 5-20-59	26. REGISTRAR'S SIGNATURE Marion E. Galambos

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

OCT 24 1967

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 *Harold L. Walker*

Licensed Embalmer No. *4588*

P. O. Address *Livingston, 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.