

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

'59 0 4 4 9 5 0

FILED VS DEC 21 1959

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 404

UNRECORDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Pettis</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	c. CITY OR TOWN <u>Sedalia</u>
Length of stay in lb <u>33 yrs.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>820 N. Moniteau</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>Eugene</u> Middle <u>Cunningham</u> Last <u></u>	4. DATE OF DEATH	Month <u>Dec.</u> Day <u>13</u> Year <u>1959</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</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>Dec. 31, 1894</u>	9. AGE (last birthday) <u>64 yrs.</u>	IF UNDER 1 YEAR	IF UNDER 24 HR
			Months	Days	Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Boilermaker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Steam R.P. Shops</u>	11. BIRTHPLACE (City and state) or country <u>Carbot, Ark.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Horace Cunningham</u>	13b. MOTHER'S MAIDEN NAME <u>Susie Droughon</u>	14. NAME OF HUSBAND OR WIFE <u>Alma Cunningham</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>	16. SOCIAL SECURITY NO. <u>702-16-3141</u>	17. INFORMANT Address <u>Alma Cunningham - Sedalia, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	<u>undat.</u>
IMMEDIATE CAUSE (a) <u>Multiple myeloma</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b)	
DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days.
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY	Hour <u></u> Month, Day, Year <u></u>
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
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21. I attended the deceased from October 1959 to 12-13-59 and last saw <sup>her</sup> him alive on 12-13-59  
 Death occurred at 4:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>C Reynolds, M.D.</u>	22b. ADDRESS <u>104 1/2 W Main Sedalia Mo</u>	22c. DATE SIGNED <u>12-16-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 17, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Annex Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Sedalia Mo.</u>
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24. FUNERAL DIRECTOR <u>Rice Alexander</u>	ADDRESS <u>400 W Cooper St</u>	25. DATE RECD. BY LOCAL REG. <u>12-17-1959</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 30 1959

STATEMENT BY LICENSED EMBALMER

DEC 29 1958

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Eric Alexander

Licensed Embalmer No. 4245

P. O. Address Sedona

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.