

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005186

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 152

FILED MAR 4 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF:

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Boone</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Montgomery</u>                    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Columbia</u>   |   | Length of stay in 1b<br><u>1 Day</u>  | c. CITY OR TOWN <u>High Hill</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR UNIVERSITY OF MISSOURI INSTITUTION<br><u>Medical Center</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Robert</u> Middle <u>Ure</u> Last <u>Cunningham</u>  |   |   | 4. DATE OF DEATH<br>Month <u>Feb.</u> Day <u>27</u> Year <u>1963</u>   |
| 5. SEX<br><u>M.</u>  | 6. COLOR OR RACE<br><u>W.</u>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>5-17-1898</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Laborer</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (last birthday)<br><u>64</u><br>IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.  |
| 11. BIRTHPLACE (City and state or country)<br><u>Glasgow, Scotland</u>   |   | 12. CITIZEN OF WHAT COUNTRY   |  |
| 13a. FATHER'S NAME<br><u>Andrew Cunningham</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Jane Rae</u>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>-</u>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)  |  |
| 16. SOCIAL SECURITY NO.<br><u>3</u>  |   | 17. INFORMANT<br><u>University of Missouri Medical Center Medical Records</u><br>Address <u>Columbia, Mo.</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Sanguine of left leg</u><br>DUE TO (b) <u>Arterial Thrombosis</u><br>DUE TO (c) <u>Carcinoma of the Pancreas</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 days</u><br><u>5 days</u>   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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<br>Hour Month, Day, Year<br>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 <u>2-26-63</u> to <u>2-27-63</u> and last saw her/him alive on <u>2-27-63</u><br>Death occurred at <u>5:50</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE<br><u>Earl Russell MD</u> (Degree or title)   |   | 22b. ADDRESS<br><u>UMMC, Columbia, Mo</u>   | 22c. DATE SIGNED<br><u>2-27-63</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>3-3-63</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Mount Pleasant</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>High Hill Mo</u>   |
| 24. FUNERAL DIRECTOR<br><u>Paul R. Hardin Jonesburg Mo</u>   | ADDRESS <u>VI</u>   | 25. DATE RECD. BY LOCAL REG.<br><u>March 4, 1963</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Max R.E. Palmer</u>  |

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

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*Not*

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 *Paul A. Sanders*

Licensed Embalmer No. 4115

P. O. Address *Jonesburg 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.