

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011574
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2028

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) OR TOWN Kansas City Length of stay in 1b 56 yrs. c. CITY OR TOWN Kansas City Inside Limits Yes No

c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Mallott Nursing Home Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 6221 E. 11th. St. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
Max H Cunningham

4. DATE OF DEATH Month Day Year
April 1 1963

5. SEX Male **6. COLOR OR RACE** White **7. Married** Never Married Widowed Divorced **8. DATE OF BIRTH** 11/1/1879 **9. AGE** (last birthday) 83

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Clerk **10b. KIND OF BUSINESS OR INDUSTRY** Chicago & Alton RR **11. BIRTHPLACE** (City and state or country) Fulton, Missouri **12. CITIZEN OF WHAT COUNTRY** U S

13a. FATHER'S NAME Michael Cunningham **13b. MOTHER'S MAIDEN NAME** Mary E. Brown **14. NAME OF HUSBAND OR WIFE** Flora Marie 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.** [redacted] **17. INFORMANT** George Roy Cunningham Address 6221 E. 11th. St.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic myocarditis INTERVAL BETWEEN ONSET AND DEATH unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease unknown

DUE TO (c) Generalized arteriosclerosis unknown

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.
 Yes No Unknown

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 s.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK **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 8-10-56 to 4/1/63 and last saw him alive on 3/15/63
Death occurred at 120P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. Van Buskirk M.D. **22b. ADDRESS** 5246 St. John K Mo **22c. DATE SIGNED** 4/1/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 4/4/1963 **23c. NAME OF CEMETERY OR CREMATORY** Memorial Park Cemetery **23d. LOCATION** (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS Earp & Sons Mortuary Kansas City, Mo. **25. DATE RECD. BY LOCAL REG.** 4-2-63 **26. REGISTRAR'S SIGNATURE** P. Ruth Long

DO NOT WRITE ON THIS STUB

AMENDED

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF E. Van Buskirk, M.D. MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

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 William H. Eays

Licensed Embalmer No. 4728

P. O. Address K. C. 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.