

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046926

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3007 Registrar's No. 8

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 13 1964

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) Monett		Length of stay in lb OR TOWN 6 months	c. CITY OR TOWN Pierce City, Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincents		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Myrtle Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last James Edward Cunningham			4. DATE OF DEATH Month Day Year 12 28 1963
5. SEX M	6. COLOR OR RACE Wh	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-19-1880
		9. AGE (last birthday) 83	IF UNDER 1 YEAR Months 10 Days 9
10a. USUAL OCCUPATION (Give kind of work done, during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Pierce City, Mo.
13a. FATHER'S NAME Michael Cunningham		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Anna 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. None	17. INFORMANT Address Mrs. Leo Stark Monett, 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) Pyelonephritis, chronic DUE TO (b) Bladder neck obstruction DUE TO (c) Carcinoma of prostate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Emphysema			INTERVAL BETWEEN ONSET AND DEATH Months Montas Few years
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.)
20c. TIME OF INJURY. Hour Month, Day, Year		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	
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 12-22-58 to 12-16-63 and last saw her/him alive on 4:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>H. G. Glen, Jr. MD</i>		22b. ADDRESS 315 1/2 Broadway, Monett, Mo.	22c. DATE SIGNED 1-10-64
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-30-1963	23c. NAME OF CEMETERY OR CREMATORY St. Patricks	23d. LOCATION (City, town, or county) (State) Pierce City, Mo.
24. FUNERAL DIRECTOR ADDRESS Wilks Bros. Pierce City, Mo.		25. DATE RECD. BY LOCAL REG. 1-10-64	26. REGISTRAR'S SIGNATURE <i>Mrs. P. N. Cook</i>

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DATE AMENDED
INSTEAD OF
SHOULD READ
ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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 Edwin Wilks

Licensed Embalmer No. 4131

P. O. Address Pierce City, 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.

10-01-1