

FILED MAY 6 1969

124

STATE FILE NUMBER  
69 0017085

CERTIFICATE OF DEATH

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 132

- DO NOT WRITE ON THIS STUB
- 9. 0
  - 10a. 71
  - 10b.
  - 11. 0
  - 12. 1
  - 13. 4109
  - 14.
  - 15. 4
  - 16.
  - 17.
  - 18. 2
  - 19. CREDITS
  - 20. 1-0

VS 300  
Rev. 1/68

4. 0940  
5. 90

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0940

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. NESBIT J. CUNNINGHAM		2. MALE	3. 4/26/69
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	UNDER 1 YEAR UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
4. WHITE 71	39 15	HOURS MIN.	6. 7/11/97
CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH	
7a. ST. FRANCOIS TWP. FARMINGTON, MO.		7c. ST. FRANCOIS	
7b. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		7d. HOME	7e. RT. # 1.
8. MISSOURI ST. GEN U.S.A.		10. MARRIED	11. WIFE DECEASED
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
12. 489-12-3851	13c. CARPENTER	13b. RETIRED CARPENTER	
RESIDENCE—STATE COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. MISSOURI	14b. ST. FRANCOIS, FARMINGTON	14c. NO	14d. RT. #1
FATHER—NAME FIRST MIDDLE LAST	MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. THOMAS MILTON CUNNINGHAM	16. JESSIE ADDALINDA ORTEN		
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17. MISS LINDA CUNNINGHAM		RT. #1 FARMINGTON, MISSOURI 63640	
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			
(a) Acute myocardial infarction			2-5 min
(b) A.S.H. & Bacterial infection			unknown
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO)
Asthma & Congestive heart failure chronic Epiphysoma			19a. NO
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	M. 20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20e.	20f.	20g.	
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR
21a. I ATTENDED THE DECEASED FROM	2-26-69	21b. 4 25 69	21c. 4/22/69
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			I DID/DID NOT VIEW THE BODY AFTER DEATH.
22a.			21d. Did
CERTIFIER—NAME (TYPE OR PRINT)			DATE SIGNED (MONTH, DAY, YEAR)
23a. James A. Armantrout, D.O.			23c. 4-28-69
MAILING ADDRESS—CERTIFIER			
23d. 506 N. Street, Farmington, Mo. 63640			
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
24a. BURIAL	24b. THREE RIVERS	24c. FARMINGTON, Mo.	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24d. 4-29-69	25b. COZEAN 217 W. COLUMBIA FARMINGTON, Mo. 63640		
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25a. C.A. Cozean	26a. Gethen Mathews	26b. Apr 28, 1969	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

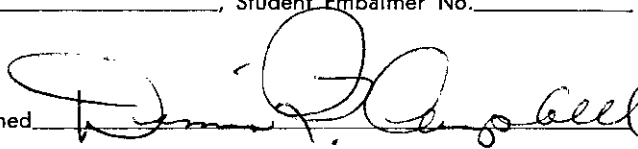
MAY 7 - 1968

**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



Licensed Embalmer No. 5391

P. O. Address Farmington, N.H.  
636-40

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.