

CERTIFICATE OF DEATH

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 543

DO NOT WRITE ON THIS STUB

9. 0
10a. 77
10b. 03
11. 0
12. 2
13. 4109
14. 0
15. 4
16. 0
17. 0
18. 0
19. CREDITS
20. 1-0

VS 300
Rev. 1/70

4. 0945

5. 03

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. <u>Kennett W. Cunningham</u>			2. <u>Male</u>	3. <u>November 14, 1970</u>		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. <u>White</u>		5a. <u>77</u>	5b. <u>Yes</u>	5c. <u>Yes</u>	6. <u>June 20, 1893</u>	7. <u>St. Francois</u>
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. <u>Farmington</u>			7c. <u>Yes</u> 7d. <u>Farmington Community Hospital</u>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. <u>Missouri</u>		9. <u>USA.</u>		10. <u>Widowed</u>		11.
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. <u>499-03-5527</u>			13a. <u>Section Wrk.</u>		13b. <u>Missouri-Pacific Railroad</u>	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. <u>Missouri</u>	14b. <u>St. Francois</u>	14c. <u>Desloge</u>		14d. <u>Yes</u>	14e. <u>103 S. Cowling</u>	
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. <u>Noah K. Cunningham</u>			16. <u>Lou Diana Smith</u>			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. <u>Mr. Harold Cunningham</u>			17b. <u>109 N. Main Street, Desloge, Mo. 63601</u>			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						
18. IMMEDIATE CAUSE						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) <u>Myocardial Infarction</u>						<u>immediate</u>
(b) <u>Arteriosclerosis heart disease</u>						<u>yes</u>
(c)						
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						
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.	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)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
20e.		20f.	20g.		20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. <u>4-8-67</u>		21b. <u>11-10-70</u>	21c. <u>11-10-70</u>	21d. <u>Did not</u>	21e. <u>3:20 PM</u>	21f. <u>3:45 PM</u>
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.						
22a. HOUR OF DEATH MONTH DAY YEAR						
22b. THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR						
CERTIFIER (NAME TYPE OF PRINT)			SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. <u>Stanley L. Hardy MD</u>			23b. <u>Stanley L. Hardy MD</u>		23c. <u>11/17/70</u>	
MAILING ADDRESS—CERTIFIER			CITY OR TOWN STATE ZIP			
23d. <u>108 N. Main St. Desloge Mo.</u>			23e. <u>63601</u>			
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE			
24a. <u>Burial</u>	24b. <u>Herod Cemetery</u>		24c. <u>Desloge Missouri</u>			
DATE (MONTH, DAY, YEAR)			FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. <u>November 17, 1970</u>			24e. <u>C. Z. Boyer & Son, Inc., 201 E. Chestnut St., Desloge, Mo 63601</u>			
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. <u>B. T. Boyer</u>			25b. <u>Arthur Mathews</u>		25c. <u>Nov. 17, 1970</u>	

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

DEC 11 1970

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 B. T. Boyd

Licensed Embalmer No. 3660

P. O. Address Desloge 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.