

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020554

FILED VS MAY 17 1960

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 177

ENDE

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) Bonne Terre		Length of stay in 1b 2 Weeks	c. CITY OR TOWN Cantwell Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Clarence Middle William Last Cunningham			4. DATE OF DEATH Month May Day 6 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 30 1894	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead Mines	11. BIRTHPLACE (City and state or country) St. Francois Co.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Cunningham		13b. MOTHER'S MAIDEN NAME Ann Westover		14. NAME OF HUSBAND OR WIFE Florence 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. 490 03 2353		17. INFORMANT Mrs. Helen Homles, Farmington, 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) Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 Days May 1958
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Epidemiol Ca of Tongue & Bilateral cervical node metastases			
DUE TO (c)			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year		
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 4-21-60 to 5-6-60 and last saw ^{her}him alive on 5-5-60
Death occurred at 6:30 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George L. Williams M.D.	22b. ADDRESS Farmington Mo	22c. DATE SIGNED 5-7-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/8/1960	23c. NAME OF CEMETERY OR CREMATORY St. Francois Mem. Park
23d. LOCATION (City, town, or county) Bonne Terre, Missouri		(State)

24. FUNERAL DIRECTOR C.Z. Boyer & Son, Inc. Deolgo, Mo.	25. DATE RECD. BY LOCAL REG. May 10, 1960	26. REGISTRARS SIGNATURE Ether Rudloff
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Burlin T. Boyer, Jr., Student Embalmer No. 59
working under my personal supervision.

Student Burlin T. Boyer, Jr.
Signature of Student Embalmer

Signed B. T. Boyer

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 conform 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.