

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9444

State File No. _____

FILED MAR 22 1949

PERMANENT RECORD
80664
WRITE PLAINLY—USING UNFADING BLACK INK—

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>89</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>25511</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jedalia</u>		c. LENGTH OF STAY (if this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HARRISONVILLE</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rothwell Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>205 South 4 St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rowena J.</u> b. (Middle) <u>Cummings</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 17-1949</u>				
5. SEX <u>fe</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Jan. 3, 1876</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Logan</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Pettif.</u>		14. NAME OF HUSBAND OR WIFE <u>Frank E. Cummings</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Doris D. Cummings Harrisonville, Mo.</u>			
18. CAUSE OF DEATH (Specify one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic glomerular nephritis</u> DUE TO (c) <u>hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive heart disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>20 years</u> <u>20 years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 15, 1949</u> , to <u>March 17, 1949</u> , that I last saw the deceased alive on <u>March 17, 1949</u> and that death occurred at <u>2:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>N. R. Edwards M.D.</u>				23b. ADDRESS <u>Jedalia Mo.</u>		23c. DATE SIGNED <u>Mar 17, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar. 20, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ORIENT Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-18-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Edith Harrison</u>		ADDRESS <u>Harrisonville</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-21-49

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.

Signed.....

Floyd Peterson

Signed.....

Student Embalmer

Licensed Embalmer No. 3920

P. O. Address *Herrisonville*

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 this body is not embalmed, fact should be so stated above.