

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12037**

FILED APR 29 1949

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH MO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>368</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>2 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mt. View</u>		116 0 0 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Jacob</u> c. (Last) <u>Cummings</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 24, 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 8, 1889</u>	
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stock Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Dealer</u>		11. BIRTHPLACE (State or foreign country) <u>Walnut Shade, Mo. 0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stock Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Dealer</u>		11. BIRTHPLACE (State or foreign country) <u>Walnut Shade, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>V.A. Cummings</u>			13b. MOTHER'S MAIDEN NAME <u>Martha M. Weatherman</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie 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>497-2278724</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Minnie Cummings Mt. View, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sclerotic heart disease</u> ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Posterior infarction (coronary)</u> DUE TO (c) <u>1/200</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral embolus</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>SA</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>7-22</u> , 19 <u>49</u> , to <u>4-24</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-27</u> , 19 <u>49</u> , and that death occurred at <u>2 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. Steinel M.D.</u>				23b. ADDRESS <u>Springfield Mo.</u>		23c. DATE SIGNED <u>4-25-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/27/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ebenezer Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Mt. View, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4/28/49</u>		REGISTRAR'S SIGNATURE <u>W. Handley M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.H. Lohmeyer Springfield, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

JUN 15 1945

OCT 5 1950

**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 \_\_\_\_\_

*Walter E. Hamilton*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 3808

P. O. Address \_\_\_\_\_

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