

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22821

FILED AUG 2 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 53

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

1. PLACE OF DEATH a. COUNTY <b>Cedar</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cedar</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Eldorado Springs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Eldorado Springs</b>	
c. LENGTH OF STAY (In this place) <b>3 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>North Grand</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>North Grand</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>FLORENCE</b> b. (Middle) <b>J.</b> c. (Last) <b>CULMINGS</b>			4. DATE OF DEATH (Month) <b>July</b> (Day) <b>26</b> (Year) <b>1949</b>		
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5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan 13, 1881</b>		9. AGE—(In years last birthday) <b>68</b> Months <b>-</b> Days <b>-</b> Hours <b>-</b> Min. <b>-</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>- -</b>			11. BIRTHPLACE (State or foreign country) <b>Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>William A. Griffin</b>		13b. MOTHER'S MAIDEN NAME <b>Mary E. Gorell</b>		14. NAME OF HUSBAND OR WIFE <b>George Cummings, Eldorado Spgs</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>- -</b>		17. INFORMANT'S SIGNATURE OR NAME <b>George Cummings</b> ADDRESS <b>Eldorado Springs, Missouri</b>	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma, originally breast</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>metastases to lungs + brain.</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	
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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? _____	
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22. I hereby certify that I attended the deceased from **21 Mar, 1949, to 26 July, 1949**, that I last saw the deceased alive on **26 July, 1949**, and that death occurred at **12:45 P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John J. Hill M.D.</b> (Degree or title)		23b. ADDRESS <b>Eldorado Springs, Mo.</b>		23c. DATE SIGNED <b>26 July 49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>July 27, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill</b>		24d. LOCATION (City, town, or county) (Specify) <b>Atchison, Kansas</b>	
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DATE REC'D BY LOCAL REG. <b>July 26, 1949</b>		REGISTRAR'S SIGNATURE <b>George W. Nafis</b>		FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS <b>Eldorado Springs, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 7,  
District File Number 249-907  
Date Filed 8-1-29

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 E. Carsthus*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4417

P. O. Address El Dorado Springs

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.