

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 23 1949

State File No. **38103**

BIRTH NO. _____ REG. DIST. NO. **243** PRIMARY REG. DIST. NO. **5833** Registrar's No. **324**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stark City Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Burwick Newton	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 4 m., West of Stark City Mo.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4 m., W of Stark City.			

3. NAME OF DECEASED (Type or Print)	a. (First) Irl	b. (Middle) C.	c. (Last) Cummins	4. DATE OF DEATH (Month) (Day) (Year)
				Nov. 7 1949

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug./5/1894	9. AGE (in years last birthday) 55	10. MONTHS 3	11. YEARS 2	12. UNDER 24 Hrs. 	13. MIN.
--------------------	-------------------------------	---	-------------------------------------	---	---------------------	--------------------	---------------------------	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Missouri	12. COUNTRY OF WHAT COUNTRY? U.S.A.
---	--	---	--

13a. FATHER'S NAME Frank Lee Cummins	13b. MOTHER'S MAIDEN NAME Hortense Grimes	14. NAME OF HUSBAND OR WIFE Nettie Cummins
---	--	---

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. No	17. INFORMANT'S SIGNATURE OR NAME Luther Green	ADDRESS Stark City Mo.
--	-----------------------------------	---	-------------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant melanoma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Melanoma of skin between shoulder blades (supraprepect) DUE TO (c) 		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)	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 June 30, 1949 to Oct 21, 1949, that I last saw the deceased alive on Oct 21, 1949, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles A. Spears, M.D.	23b. ADDRESS Peirce City, Mo.	23c. DATE SIGNED 11-9-49
---	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/9/1949	24c. NAME OF CEMETERY OR CREMATORY Jolly Cemetery	24d. LOCATION (City, town, or county) (State) Peirce City, R.R. MO.
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. 11-13-49	REGISTRAR'S SIGNATURE Alpha Dyer	25. FUNERAL DIRECTOR'S SIGNATURE Wm. Morris Jones	ADDRESS Wheaton Mo.
--	---	--	----------------------------

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

RECEIVED

District Health Officer No. Newton Co. HEALTH DEPT.
District File Number 2149-213
Date Filed NOV 22 1949

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 _____

James Kenyth Duncan

Student Embalmer No. 308

working under my personal supervision.

James Kenyth Duncan
Signed _____
Student Embalmer

Signed _____

Wm Morris Pope

Licensed Embalmer No. 3442

P. O. Address Wheaton Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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