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FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1094

State File No. 116

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANS b. COUNTY BURBON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	c. LENGTH OF STAY (in this place) 1WK	c. CITY (If outside corporate limits, write RURAL and give township) 8150	OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION: 407 E 9th		d. STREET ADDRESS (If rural, give location) ROUTE I X	

3. NAME OF DECEASED (Type or Print) a. (First) THURSTON b. (Middle) M c. (Last) CUMMINS			4. DATE OF DEATH (Month) (Day) (Year) 1 9 50		
5. SEX MAW	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH JAN 8 1910		9. AGE (In years last birthday) 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) PHILLIPSBURG KANS		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME WMA CUMMINS	13b. MOTHER'S MAIDEN NAME JULIA E. MANN	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) DIS 1940	16. SOCIAL SECURITY NO. 705-16-1363	17. INFORMANT'S SIGNATURE OR NAME CHANEY FUNERAL HOME	ADDRESS FT SCOTT KANS
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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) Tubar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DUE TO (b) Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Stomach analysis (pending negative) (camp report)			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title)	23b. ADDRESS 1034 Park to Blk	23c. DATE SIGNED 1-9-50
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 5/19/50	24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) FT. SCOTT	24e. (State) KANS	

DATE REC'D BY LOCAL REG. 1-10-50	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE SEBETO'S	ADDRESS CITY
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 13 1950

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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.

Student
Student Embalmer

Signed _____

Roy E. Snow

Licensed Embalmer No. 2560

P. O. Address K E M D

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.