

FILED MAR 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4009**

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 92

9120
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1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>BUTLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>POPLAR BLUFF</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>POPLAR BLUFF MO</u>	
c. LENGTH OF STAY (In this place) <u>8</u> years		d. STREET ADDRESS (If rural, give location) <u>528 POPLAR ST</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>BENJAMIN</u> c. (Last) <u>COMMINGS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 23 1950</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>MAR 15-1880</u>			9. AGE (In years) last birthday <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED RR CONDUCTOR</u>
11. BIRTHPLACE (State or foreign country) <u>TIFF MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>US</u>		

13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Arbelle Cummings</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>702-16-4861</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Arbelle Cummings Poplar Bluff Mo</u> ADDRESS _____	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES			
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		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 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 2-23, 1950, to 2-23, 1950, that I last saw the deceased alive on 2-23, 1950, and that death occurred at 1P m., from the causes and on the date stated above.

23a. SIGNATURE <u>V. W. McPheters; Sr. C. W. D. Lee, Jr. Hospital</u> (Degree or title)		23b. ADDRESS _____		23c. DATE SIGNED <u>2-24-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB 25-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN CEM</u>	
24d. LOCATION (City, town, or county) <u>POPLAR BLUFF MO</u>		24e. (State)			
DATE REC'D BY LOCAL REG. <u>Feb 28 1950</u>		REGISTRAR'S SIGNATURE <u>W. W. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. J. Phelps</u> ADDRESS <u>Poplar Bluff Mo</u>	

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

MAR 7 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.

Student
Student Embalmer

Signed *M. G. Phelps*

Licensed Embalmer No. 3231

P. O. Address *Caplan Bleeftmo*

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.