

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	c. LENGTH OF STAY (In this place) <u>32 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	d. STREET ADDRESS (If rural, give location) <u>105 West 34th St.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>105 West 34th St.</u>		d. STREET ADDRESS (If rural, give location) <u>105 West 34th St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Belle</u> b. (Middle) _____ c. (Last) <u>Cumley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 6, 1950</u>		
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> ✓	8. DATE OF BIRTH <u>April 26, 1873</u>	9. AGE (In years last birthday) <u>77</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MACON, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
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13a. FATHER'S NAME <u>JOSEPH JOLLY</u>		13b. MOTHER'S MAIDEN NAME <u>SALLIE GRISSON</u>		14. NAME OF HUSBAND OR WIFE <u>SHERIDAN CUMLEY, DEC.</u>			
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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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. B. K. BUNCH, 105 West 34th St.</u>					
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Myelogenous Leukemia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>4 years</u> <u>2041</u>	
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19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION <u>no</u>						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) _____			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 Sept 1945, to June 6, 1950, that I last saw the deceased alive on June 5, 1950, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John T. Skinner</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>1109 Grand St. P. O. Box 100</u>			23c. DATE SIGNED <u>6/7/50</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>6/8/50</u>	24c. NAME OF CEMETERY OR CRÉMATORY <u>ELMWOOD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>		
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DATE REC'D BY LOCAL REG. <u>6-8-50</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Quick & Tolin 20 W. Linwood</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Forrest D. Coldenow*

Signed.....
Student Embalmer

Licensed Embalmer No. *4714*

P. O. Address *A. E. Ma*

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.