

No. 300
10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26050

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2

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

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 925

| | | | |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Merced</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Princeton</u> | |
| c. LENGTH OF STAY (In this place) <u>18 mo 26 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>0650</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2.</u> | | d. STREET ADDRESS (If rural, give location) <u>✓</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>SCOTT</u> c. (Last) <u>CUMMINGS.</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>8-12-1950.</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>8-5-1886</u> |
| 9. AGE (In years last birthday) <u>64</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Highway Patrol (Dispatcher) Patrol</u> | 11. BIRTHPLACE (State or foreign country) <u>Merced County, Missouri</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>John Cummings</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Hape</u> | 14. NAME OF HUSBAND OR WIFE <u>Ella Cummings - Princeton Mo.</u> |
| 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. Ella Cummings - Princeton - Mo.</u> |
| 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) <u>Intestinal obstruction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Princeton's</u> DUE TO (c) <u>hemorrhoids</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 19a. DATE 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.) | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>461X</u> | |
| 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"/> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <u>6-10-1950</u> , to <u>8-12-1950</u> , that I last saw the deceased alive on <u>8-12-1950</u> , and that death occurred at <u>5:45 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>G. H. Maroney - M.D.</u> | | 23b. ADDRESS <u>State Hospital No. 2.</u> | |
| 23a. SIGNATURE (Degree or title) | | 23c. DATE SIGNED <u>8-12-1950</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u> | | 24b. DATE <u>8-15-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24c. NAME OF CEMETERY OR CREMATORY <u>Pine Ave.</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24d. LOCATION (City, town, or county) (State) <u>Merced Co. MO.</u> | |
| DATE REC'D BY LOCAL REG. <u>Aug. 16, 1950</u> | | REGISTRAR'S SIGNATURE <u>E. B. Jenkins 382</u> | |
| DATE REC'D BY LOCAL REG. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Worthington Funeral Home Princeton MO</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 3760

P. O. Address Princeton, N.J.

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.