

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36178**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1368

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Doniphan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	c. LENGTH OF STAY (in this place) <b>11 hours</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Troy (rural)</b> <b>8150</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Missouri Methodist Hosp</b>		d. STREET ADDRESS (If rural, give location) <b>8</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>General</b> b. (Middle) <b>Lee</b> c. (Last) <b>Cumbee</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 29 1950</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 23, 1872</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>7</b>	IF UNDER 2 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Maybook Va</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>General Cumbee</b>	13b. MOTHER'S MAIDEN NAME <b>Ella Tommie</b>	14. NAME OF HUSBAND OR WIFE <b>Iva F. Cumbee</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Iva F. Cumbee</b>	ADDRESS <b>Troy, Kansas</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>16 hours</b> <b>58234</b> <b>3</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crumpled Chest - Fractured ribs - internal hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ribs - internal hemorrhage</b> DUE TO (c) <b>Auto accident</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>812</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Near Troy - Doniphan - Kansas</b>
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21d. TIME OF INJURY (Month) (Day) (Hour) (Min.) <b>Nov 29, 1950 10:11 AM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Car went over a bridge into ditch</b>
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22. I hereby certify that I attended the deceased from **Nov 29, 1950**, to **Nov 29, 1950**, that I last saw the deceased alive on **Nov 29, 1950**, and that death occurred at **11:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Paul Torrance MD</b>	(Degree or title)	23b. ADDRESS <b>St Joseph Mo</b>	23c. DATE SIGNED <b>11/30/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11/30/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive</b>	24d. LOCATION (City, town, or county) (State) <b>Troy, Kansas.</b>
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DATE REC'D BY LOCAL REG. <b>Dec 7, 1950</b>	REGISTRAR'S SIGNATURE <b>Carl C. Casper</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>G. A. Kern</b>	ADDRESS <b>Troy, Kansas</b>
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

DEC 21 1958

**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.

Signed.....



Signed.....  
Student Embalmer

Licensed Embalmer No. 3582

P. O. Address Troy, Kansas.

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.