

FILED DEC 6 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37867

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 5831 Registrar's No. 26

0730

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

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Franklin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Franklin 0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Fairview	

3. NAME OF DECEASED (Type or Print) a. (First) Rhoda	b. (Middle)	c. (Last) Cummins	4. DATE OF DEATH (Month) (Day) (Year) 10-22-1950
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 8-23-1867	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE John Cummins
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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) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Dennis Cummins-Fairview,	ADDRESS Missouri
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis & Hypertension		INTERVAL BETWEEN ONSET AND DEATH 2
	ANTECEDENT CAUSES Morbidity 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. 56/2 X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 8-14-1950, to 10-14-1950, that I last saw the deceased alive on 10-14-1950, and that death occurred at 10:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. Cardwell, M.D.	23b. ADDRESS Steele, Mo.	23c. DATE SIGNED 11-14-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-24-1950	24c. NAME OF CEMETERY OR CREMATORY Dice Cemetery	24d. LOCATION (City, town, or county) (State) Fairview, Missouri
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DATE REC'D BY LOCAL REG. 11-20-1950	REGISTRAR'S SIGNATURE Alpha Dyer 369	25. FUNERAL DIRECTOR'S SIGNATURE Paul D. Herbst	ADDRESS Cassville
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(Licensed Embalmer's Statement on Reverse Side)

28
RECEIVED

District Health Officer No. Newton Co. Health Dept.
District File Number 1150-257
Date Filed 12/5/50

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. _____

Student
Student Embalmer

Signed

Paul D. Kenbest

Licensed Embalmer No. 4576

P. O. Address Cassville, Mo.

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.