

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26225**

FILED AUG 20 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 851

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u> <b>0117</b>                                     |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <b>0117</b>                                   |  |
| c. LENGTH OF STAY (In this place) <u>29 years</u>  |  | d. STREET ADDRESS (If rural, give location) <u>3027 Lovers Lane</u> <b>0</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3027 Lovers Lane</u>                                |  |  |  |

|  |                               |   |   |  |   |
|--|-------------------------------|---|---|--|---|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>William</u> b. (Middle) <u>Hunter</u> c. (Last) <u>Cummings</u> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>August 8, 1951</u>                 |  |   |
| 5. SEX <u>male</u> <b>0</b>  | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Dec. 8, 1871</u>  |  | 9. AGE (In years last birthday) <u>79</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. inspector</u>    |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>railroad</u>                     | 11. BIRTHPLACE (State or foreign country) <u>Bethany, Missouri</u> <b>0</b> |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME <u>George W. Cummings</u> | 13b. MOTHER'S MAIDEN NAME <u>Fannie Dodtson</u> | 14. NAME OF HUSBAND OR WIFE <u>Michie A. Cummings</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> <u>none</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Michie Cummings</u> | ADDRESS <u>3027 Lovers Lane St. Joseph, Mo</u> |
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|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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>Endocarditis</u>  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>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 checked="" type="checkbox"/> <b>4214</b> |
|------------------------|----------------------------------|--|

|  |  |   |
|--|--|---|
| 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 6-21, 1951 to 8-8, 1951, that I last saw the deceased alive on 8-6, 1951, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

|  |  |                                 |
|--|--|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>J. J. Bennett M.D.</u> | 23b. ADDRESS <u>710 Julia St. St. Joseph, Mo</u> | 23c. DATE SIGNED <u>7-20-51</u> |
|--|--|---------------------------------|

|   |                            |  |   |
|---|----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8/10/1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph</u> <u>Mo</u> |
|---|----------------------------|--|---|

|  |   |   |                                |
|--|---|---|--------------------------------|
| DATE REC'D BY LOCAL REG. <u>Aug 11, 1951</u> | REGISTRAR'S SIGNATURE <u>Carl C. Castle</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Horton Brown Funeral Home</u> | ADDRESS <u>St. Joseph, Mo.</u> |
|--|---|---|--------------------------------|

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

AUG 28 1924

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 William Spalding

Licensed Embalmer No. 4035

P. O. Address 319 S. 10th St. Joseph, 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.