S. No. 300
Rev. 10.48

FILED APR 18 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13398

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 51

#m 051 0

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

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg.
c. LENGTH OF STAY (in this place): 1mo. 10da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Warrensburg. Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY: Johnson.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg. 0512
d. STREET ADDRESS (If rural, give location): 124, E. Market. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Lee
c. (Last): Cumming.

4. DATE OF DEATH (Month) (Day) (Year): Apr. 4. 1952.

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: 27, July, 1866
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): North Carolina.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Rufus Hicks Massaey.
13b. MOTHER'S MAIDEN NAME: Christine Dalton.
14. NAME OF HUSBAND OR WIFE: James F. Cumming.

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.: no
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Lee Cumming. Warrensburg. MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteosclerosis Generalized — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fracture femur — 5 weeks
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 051
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-25, 1952, *to* 4-4, 1952, *that I last saw the deceased alive on* 4-4, 1952, *and that death occurred at* 12:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Lee Cooper M.D.
23b. ADDRESS: Warrensburg. MO.
23c. DATE SIGNED: 4-4-1952.

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6 Apr. 1952
24c. NAME OF CEMETERY OR CREMATORY: Adair Cem.
24d. LOCATION (City, town, or county) (State): Adair. Oklahoma.

DATE REC'D BY LOCAL REG.: Apr. 4, 1952
REGISTRAR'S SIGNATURE: Savannah Antchfield 147-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Sweeney Phillips. Warrensburg. MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 6 1952
JOHNSON COUNTY HEALTH DEPT

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 R. Q. Phillips.

Licensed Embalmer No. 2320

P. O. Address Warrensburg, Mo.

Signed .....
Student Embalmer

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.