

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **32476**
 Registrar's No. **43**

FILED SEP 22 1953

BIRTH NO. _____ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **4355**

0721
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY NEW MADRID.			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY NEW MADRID.		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW MADRID.		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW MADRID. 0721		d. STREET ADDRESS (If rural, give location) 0
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION					
3. NAME OF DECEASED (Type or Print) a. (First) BEN b. (Middle) CUMMINGS c. (Last) CUMMINGS			4. DATE OF DEATH (Month) (Day) (Year) Aug-2-53		
5. SEX M. 0	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH Apr. 1-28-1870		9. AGE (In years last birthday) Months Days Hours Mins. 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) HARRISBURG Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME TIM R. CUMMINGS		13b. MOTHER'S MAIDEN NAME NORSIS SISK	14. NAME OF HUSBAND OR WIFE MINNIE COX CUMMINGS		
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 ELMER CUMMINGS, NEW MADRID, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <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 December 1951 , to August , 1953 , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Louis J. Smith M.D.			23b. ADDRESS New Madrid Mo		23c. DATE SIGNED 3 Aug 53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Aug-3-1953	24c. NAME OF CEMETERY OR CREMATORY LATHOM	24d. LOCATION (City, town, or county) (State) NEW MADRID. MO.	
DATE REC'D BY LOCAL REG. 9-19-53	REGISTRAR'S SIGNATURE Nelson Louis Jones		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter H. Hays, New Madrid. Mo.		

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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

Handwritten signature: Leo Hidygoth

Licensed Embalmer No. 3803

P. O. Address Northwood, 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.