

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35265

State File No. _____

FILED NOV 2-1953

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5785 Registrar's No. 307

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cape Girardeau</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>1</u> OR TOWN <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u> OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>1</u> OR TOWN <u>Cape Girardeau</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Died in rout to St Francis Hospt, Cape Girardeau Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>546 So Middle St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>	b. (Middle) <u>Walker</u>	c. (Last) <u>Cumbie.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct, 26, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7/24/1898.</u>	9. AGE (In years last birthday) <u>55.</u>	IF UNDER 1 YEAR Months <u></u>	IF UNDER 2 HRS. Hours <u></u>	IF UNDER 15 MIN. Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Frog Repairmen</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco Rail Road</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Green Wood Ark, /</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>R.C. Cumbie</u>	13b. MOTHER'S MAIDEN NAME <u>Eudora Blaylock.</u>	14. NAME OF HUSBAND OR WIFE <u>Laura Drake Cumbie.</u>
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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) <u>Yes</u> <u>WW I</u>	16. SOCIAL SECURITY NO. <u>702-07-8782</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Laura Cumbie</u>	ADDRESS <u>Cape Girardeau Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concussion of the Brain & Internal Injuries</u>		
	ANTECEDENT CAUSES Morbid 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. <u>E8/61</u> <u>26</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Highway 25</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Dutchtown</u> <u>Cape Girardeau</u> <u>Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 26 '53</u> <u>4:23</u> <u>pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Crushed & Dodge Car hit head on</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, 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 <u>J. J. Schumann, Coroner</u>	(Degree or title) <u>3</u>	23b. ADDRESS <u>Jackson Dr.</u>	23c. DATE SIGNED <u>10/27/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 29, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-29-53</u>	REGISTRAR'S SIGNATURE <u>L. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. A. Haman</u>	ADDRESS <u>Cape Girardeau Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

5. No. 300
10.48
0160
3

DEC 2 1953

NOV 9 1953
NOV 5 1953

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 A. L. Haman

Licensed Embalmer No. 2863

P. O. Address Cape Guardian 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.