

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41863

State File No.

FILED DEC 8 1953

BIRTH NO. _____ REG. DIST. NO. 357 PRIMARY REG. DIST. NO. 407 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission.) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Branson</u> c. LENGTH OF STAY (in this place) <u>5 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>3008</u> OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of Daughters</u>		d. STREET ADDRESS (If rural, give location) <u>MO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Herbert</u>	b. (Middle) <u>McCumber</u>	c. (Last) <u>McCumber</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-27-53</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 1-1867</u>	9. AGE (in years last birthday) <u>86</u>	IF UNDER 1 YEAR Months Days Hours Mtn.	IF UNDER 1000 Hours Mtn.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Rail Road-</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Engineer</u>	11. BIRTHPLACE (State or foreign country) <u>Detroit Michigan</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Lawrence</u>	13b. MOTHER'S MAIDEN NAME <u>Margarette McCumber</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>MO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Roy Stuckitt</u>	ADDRESS <u>Branson 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis Generalized</u> 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>331X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Nov 3, 1953, to 11-27, 1953, that I last saw the deceased alive on 11-27, 1953, and that death occurred at 6:15 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.C. Maigne M.D.</u>	23b. ADDRESS <u>Branson MO</u>	23c. DATE SIGNED <u>11-28-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>11-30-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>
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DATE REC'D BY LOCAL REG. <u>12-1-53</u>	REGISTRAR'S SIGNATURE <u>L E Copwood</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R.O. Luchelchel</u>	ADDRESS <u>Branson MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1933 12 11

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 *Morris L. Schell*.....

Licensed Embalmer No. *2273*.....

P. O. Address *Ransom 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.