

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8578**  
Registrar's No. **1031**

BIRTH NO. **FILED MAR 25 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>50 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>8100 Wornall - Armour Home</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Armour Home</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>EDITH</b>		b. (Middle)	c. (Last) <b>CUMMINGS</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>March 6, 1954</b>	
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Sept. 25, 1866</b>	<b>9. AGE</b> (In years last birthday) <b>87</b>	<b>IF UNDER 1 YEAR</b> Months <b>0</b> Days <b>0</b>	<b>IF UNDER 24 HRS.</b> Hours <b>0</b> Min. <b>0</b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Nashville, Michigan</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Elias Long</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Dell Falconer</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Charles Cummings</b>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Eliz. R. Schrieber, 8100 Wornall, K.C.MO.</b>		<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Ventricular arrhythmia</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1/2 da</b> <b>1/2 hr. ?</b> <b>10 yrs</b> <b>4 da</b>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ventricular fibrillation</b>		
	DUE TO (c) <b>Chronic myocarditis</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Parotitis</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Feb 1st, 1954 to March 5, 1954, that I last saw the deceased alive on 3-5, 1954, and that death occurred at 3:25 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>Sheldine E. Lee</i> (Degree or title)	<b>23b. ADDRESS</b> <b>174 Plaza Junior Bldg X 6 mo</b>	<b>23c. DATE SIGNED</b> <b>3-8-54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>3-10-54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Floral Hills</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Kansas City, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>3-8-54</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Sheldine Smith</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>STINE &amp; McCLURE UND. CO.</b>	<b>ADDRESS</b> <b>K.C.MO.</b>
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Mr. Chester E. Lee  
174 Plaza Time Bldg.  
Ju. 2116

400 3:25

About 1:00 pm

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.....  
Signature of Student Embalmer

Signed *Eugene J. Kern*

Licensed Embalmer No. 463

P. O. Address *Kansas, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.