

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

30279

State File No. \_\_\_\_\_

859

Registrar's No. \_\_\_\_\_

No. 300  
10.48

FILED SEP 20 1954

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>859</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>2 weeks</u>		c. CITY OR TOWN <u>Springfield</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Handley Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1700 W. Thoman Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>			b. (Middle) <u>DILLARD</u>		c. (Last) <u>CUMMINGS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September 12, 1954</u>
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>22 Aug. 1886</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Walnut Shade, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James M. Cummings</u>			13b. MOTHER'S MAIDEN NAME <u>Elina Hall</u>		14. NAME OF HUSBAND OR WIFE <u>Bettie Cummings</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pansy Riley, 1700 W. Thoman Street, Springfield, Missouri.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 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>Generalized Arterio Sclerosis</u> DUE TO (c) <u>Chronic Heart Failure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerotic Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>10-20 yrs</u> <u>2 1/2 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY <u>331 X</u>		YES <input type="checkbox"/> NO <input checked="" 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) _____		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 <u>Aug 29, 1954</u> to <u>Sept 12, 1954</u> , that I last saw the deceased alive on <u>Sept 10, 1954</u> , and that death occurred at <u>12:10 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <u>Wm. H. Hall, M.D.</u>				23b. ADDRESS <u>1951 South National</u>		23c. DATE SIGNED <u>9/15/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>15 Sept. 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>9-16-54</u>		REGISTRAR'S SIGNATURE <u>Emilia Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred C. Williams</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Fred C. Thieme*

Licensed Embalmer No. 2899  
Springfield,  
P. O. Address Missouri.....

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.