

FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH33176
State File No.BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4149

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 24 days	c. CITY OR TOWN Claycomo Branch Kansas City 17, Mo		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Veterans Administration Hospital			STREET ADDRESS (If rural, give location) 240 North Mason			
3. NAME OF DECEASED (Type or Print) a. (First) WILFRED b. (Middle) MARK c. (Last) CUMMINS			4. DATE OF DEATH (Month) (Day) (Year) September 24, 1955			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 2, 1896		9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper - Auditor Phillips Hotel		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Wilmot, South Dakota		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Mathew Cummins		13b. MOTHER'S MAIDEN NAME Cora Bingham		14. NAME OF HUSBAND OR WIFE Myrtle M. Cummins		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 486-01-1252	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Official Records VA Hospital, K.C., 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) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic lymphatic leukemia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephrosclerosis (discrete)			INTERVAL BETWEEN ONSET AND DEATH 2 weeks 6 years 2040
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" 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) VA		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 September 1, 1955, to September 24, 1955, and I believe the deceased died on 9/24/55 and that death occurred at 9:00 a.m. , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Guido Podrecca GUIDO PODRECCA, M. D.			23b. ADDRESS VAH, K.C., Mo.		23c. DATE SIGNED 9-24-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE 9-26-55	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE REC'D BY LOCAL REG. 9-24-55		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. NEWCOMER'S SONS Kansas City, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Polie Kessel

Licensed Embalmer No.....
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P. O. Address.....
K.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.