

No. 300  
 10-48  
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

FILED DEC 13 1955

39177

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2973

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>South Carolina</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. CITY OR TOWN <u>Charleston</u>	d. Is 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>St. Joseph's Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>620 St Andrews Dr.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Oscar</u> b. (Middle) <u>C.</u> c. (Last) <u>Cummings</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25 1955</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>May 13 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail</u>	9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months <u>6</u> IF UNDER 12 HRS. Day <u>16</u> Hours _____ Min. _____
11a. FATHER'S NAME <u>George Cummings</u>		11b. MOTHER'S MAIDEN NAME <u>unknown</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Reeves Tenn.</u>
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE <u>Martha Cummings</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>249-03-0774</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Norbert C. Cummings</u>		ADDRESS <u>32 Lemp Rd. Kirkwood Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of tongue &amp; Pharynx at base</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Bronchitis</u>		<u>3 yrs.</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"/>
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>141X</u>
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 2/17/55 to 11/25/55, that I last saw the deceased alive on 11/25/55, and that death occurred at 10:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. E. White M.D.D.L.</u>	23b. ADDRESS <u>120 Harrison Kirkwood</u>	23c. DATE SIGNED <u>11/26/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-26-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Stephens Cemetery,</u>
		24d. LOCATION (City, town, or county) (State) <u>Sumerville S.C.</u>

DATE REC'D BY LOCAL REG. <u>11-26-55</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Dombrowski</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bopp, Inc.</u>	ADDRESS <u>Kirkwood, Mo.</u>
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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 *Felix Howard*.....

Licensed Embalmer No. *303*.....

P. O. Address *Ku Kwo*.....

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