

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39791

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Butler Mo b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place) 1 Week	-c. CITY OR TOWN Gideon
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Poplar Bluff Hospital		f. STREET ADDRESS (If rural, give location) 0720	

3. NAME OF DECEASED (Type or Print)		a. (First) Katie	b. (Middle) Bell	c. (Last) Cummings	4. DATE OF DEATH (Month) (Day) (Year) 11 17 1955				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12-15-1887	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 11 HRS. Hours	IF UNDER 11 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Prentiss County, Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Orville Mills			13b. MOTHER'S MAIDEN NAME Elitha McKay		14. NAME OF HUSBAND OR WIFE M.C.Cummings				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME M.C.Cummings					ADDRESS Gideon, Missouri

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 1 Week	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Congestive heart failure							
ANTECEDENT CAUSES		DUE TO (b)							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.						4341	

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)			
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?			

22. I hereby certify that I attended the deceased from Nov 9, 1955, to Nov 17, 1955, that I last saw the deceased alive on Nov 17, 1955, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>M. C. Cummings</i>			(Degree or title) Dr.			23b. ADDRESS Poplar Bluff, Mo		23c. DATE SIGNED 12-10-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-20-1955	24c. NAME OF CEMETERY OR CREMATORY Stanfield		24d. LOCATION (City, town, or county) (State) Near Clarkton, Mo.			

DATE REC'D BY LOCAL REG. 17/16/55		REGISTRAR'S SIGNATURE <i>W. H. Muesel</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Lloyd Russell Piggot</i>		ADDRESS Ark.	
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RECEIVED
DEC 20 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

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 *Floyd Russell*.....

Licensed Embalmer No. 509

P. O. Address *Piquette, U.P.*

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.