

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

FILED DEC 30 1955

State File No. **40495**
5366

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 64 Yrs.		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 3537 Main Linderman N.H.		e. STREET ADDRESS (If rural, give location) 10 2692 AMIE COURT	

3. NAME OF DECEASED a. (First) CATHERINE b. (Middle) _____ c. (Last) CUMMINS			4. DATE OF DEATH (Month) (Day) (Year) Dec. 9 1955		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4 Jan. 1891	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Frank S. Hogan	13b. MOTHER'S MAIDEN NAME Millie O. Everman	14. NAME OF HUSBAND/ OR WIFE Ennis A. Cummins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. 491-22-4390	17. INFORMANT'S SIGNATURE OR NAME ADDRESS E.A. Cummins 8100 Wornall Rd. K.C. Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u><i>Parkinson's Disease</i></u>		INTERVAL BETWEEN ONSET AND DEATH <u><i>20 years</i></u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u><i>35+</i></u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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><i>Kansas City, Jackson, Mo.</i></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 10/15, 1946, to 12/9, 1956, that I last saw the deceased alive on 12/9, 1955, and that death occurred at 6:40 m., from the causes and on the date stated above.

23a. SIGNATURE <u><i>Richard L. Lehner</i></u> (Degree or title)	23b. ADDRESS <u><i>1102 Grand Kansas City, Mo.</i></u>	23c. DATE SIGNED <u><i>12/10/56</i></u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12 Dec. 55	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri.
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DATE REC'D BY LOCAL REG. <u><i>12-10-55</i></u>	REGISTRAR'S SIGNATURE <u><i>Mrs. Marshall</i></u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FLORAL HILLS MEMORIAL CHAPELS K.C. MO.
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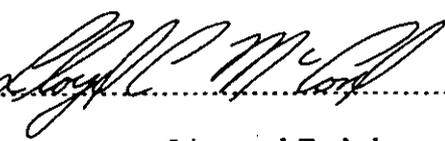
(Licensed Embalmer's Statement on Reverse Side)

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

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 

Licensed Embalmer No. 483

P. O. Address N. C.

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.