

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13028

State File No.

FILED MAY 7 1956

BIRTH NO. _____		REG. DIST. NO. <u>130</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>64</u>			
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Raviness</u>					
b. CITY OR TOWN <u>Bethany, Mo.</u>		c. LENGTH OF STAY (in this place) <u>11 Days</u>		c. CITY OR TOWN <u>Pattonsburg, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Noll Hospital</u>				STREET ADDRESS (If rural, give location) <u>Rt. # 1, Pattonsburg</u>					
3. NAME OF DECEASED (Type or Print) <u>Clarence Edward Cummings</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>April 19, 1956</u>		(Month)		(Day)		(Year)			
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>April 20, 1884</u>			
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Land Owner</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Pattonsburg, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Thomas Cummings</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta Thomas</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Edna 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>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sarah Edna Cummings, Rt. #1, Pattonsburg, Mo.</u>			ADDRESS	
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) <u>Fracture Right Femur</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4-6-56</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Hypertensive Pneumonia</u>				DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				9040				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>21</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE - HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Pattonsburg</u>		(COUNTY) <u>Harrison</u>		(STATE) <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-6-56</u> a.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall</u>					
22. I hereby certify that I attended the deceased from <u>4-8-</u> , 19 <u>56</u> , to <u>4-19-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4-19-56</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. F. Progle</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Bethany Mo.</u>				23c. DATE SIGNED <u>4-21-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-22-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Heath Chapel Cemetery</u>		24d. LOCATION (City, town, or county) <u>Pattonsburg, Mo.</u>		(State)	
DATE REC'D BY LOCAL REG. <u>April 20-1956</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tommy Quast</u>		ADDRESS <u>Pattonsburg, Mo.</u>			

(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 *Louis Quisenberry*.....

Licensed Embalmer No. *4-1*.....

P. O. Address *Dalton*.....

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.