

FILED AUG 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 26837
Registrar's No. 3516

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3516		
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 (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 62 years		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Menorah Medical Center 45				STREET ADDRESS (If rural, give location) 2624 Jarboe 3450				
3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) J c. (Last) Cummings			4. DATE OF DEATH 8-9-56					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 24, 1893		
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk			10b. KIND OF BUSINESS OR INDUSTRY Magistrate's Court			11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME John Cummings		13b. MOTHER'S MAIDEN NAME Nellie Feeney		14. NAME OF HUSBAND OR WIFE Mrs. Cecilia Cummings	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service) YES W. W. #1		16. SOCIAL SECURITY NO. 499-18-0974		17. INFORMANT'S SIGNATURE OR NAME Mrs. Cecilia Cummings-2624 Jarboe, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Bronchial ANTECEDENT CAUSES Primary Carcinoma, Pulmonary Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Cardiac Decompensation Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 3 days 610N 162X 1yr	
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) m.		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 7-10, 1956, to 8-9, 1956, that I last saw the deceased alive on 8-9, 1956, and that death occurred at 8:15 P. m., from the causes and on the date stated above.								
23a. SIGNATURE B. Marcus Heller (Degree or title)				23b. ADDRESS 409 E. 63rd		23c. DATE SIGNED 8-9-56		
23d. BURIAL, CREMATION, REMOVAL (Specify) Burial		23e. DATE 8/13/56		23f. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23g. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE REC'D BY LOCAL REG. 8-11-56		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS QUIRK & TOBIN-20 W. Linwood, K.C. Mo.				

(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 *William M. Turner*

Licensed Embalmer No. *464*
P. O. Address *20 W. Linwood*
Kansas City, Mo.

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.