

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27753

State File No. ....

FILED AUG 20 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 437 Registrar's No. 190

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Nodaway</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Elmo</b> |  | c. CITY OR TOWN <b>Elmo</b>   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <b>3 WKS.</b>  |  | e. STREET ADDRESS (If rural, give location) <b>none</b>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Family home</b>                               |  |   |   |

|                                     |                          |                          |                            |  |
|-------------------------------------|--------------------------|--------------------------|----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>GEORGE</b> | b. (Middle) <b>EDWIN</b> | c. (Last) <b>MC CUMBER</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>7 29 56</b> |
|-------------------------------------|--------------------------|--------------------------|----------------------------|--|

|                    |                               |   |                                      |   |   |   |
|--------------------|-------------------------------|---|--------------------------------------|---|---|---|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>7/29/56 1916</b> | 9. AGE (In years last birthday) <b>40</b> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|--------------------------------------|---|---|---|

|   |  |   |   |
|---|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Own account</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Braddyville, Iowa</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
|---|--|---|---|

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME <b>Lee McCumber</b> | 13b. MOTHER'S MAIDEN NAME <b>Morna Hull</b> | 14. NAME OF HUSBAND OR WIFE <b>Ruth Hamilton McCumber</b> |
|--|---|---|

|  |                               |  |                          |
|--|-------------------------------|--|--------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. George E. McCumber</b> | ADDRESS <b>Elmo, Mo.</b> |
|--|-------------------------------|--|--------------------------|

|  |   |  |                                  |
|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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 |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart's blood</b>   |  |                                  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Heart diseased</b><br>DUE TO (c) <b>June 1955.</b> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>none.</b>   |   |  |                                  |

|                              |  |  |
|------------------------------|--|--|
| 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) <b>Elmo, Missouri</b> |
|--|--|---|

|   |  |                                  |
|---|--|----------------------------------|
| 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 **July 27, 1956** to **July 29, 1956**, that I last saw the deceased alive on **July 27, 1956**, and that death occurred at **8:10 A.M.**, from the causes and on the date stated above.

|  |                                    |                                |
|--|------------------------------------|--------------------------------|
| 23a. SIGNATURE <b>Lawrence Ford</b> (Degree or title) <b>D. O.</b> | 23b. ADDRESS <b>Elmo, Missouri</b> | 23c. DATE SIGNED <b>8-8-56</b> |
|--|------------------------------------|--------------------------------|

|   |                          |  |   |
|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b> | 24b. DATE <b>7/31/56</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Elmo</b> | 24d. LOCATION (City, town, or county) (State) <b>Elmo, Missouri</b> |
|---|--------------------------|--|---|

|   |  |  |                               |
|---|--|--|-------------------------------|
| DATE REC'D BY LOCAL REG. <b>8-18-56</b> | REGISTRAR'S SIGNATURE <b>Bess Holt</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Price Funeral Home</b> | ADDRESS <b>Maryville, Mo.</b> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

Licensed Embalmer No.....

P. O. Address .....

**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.