

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28888**
Registrar's No. **223**

FILED SEP 3 1957

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY OR TOWN Maryville	c. LENGTH OF STAY (in this place) 15 yrs.	c. CITY OR TOWN Maryville	d. 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 315 Lawn Avenue		e. STREET ADDRESS (If rural, give location) 315 Lawn Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) THOMAS	b. (Middle) JOSEPH	c. (Last) CUMMINS	4. DATE OF DEATH (Month) (Day) (Year) 8 25 57
-------------------------------------	--------------------------	---------------------------	--------------------------	---

5. SEX <input checked="" type="radio"/> Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/21/69	9. AGE (In years last birthday) 88	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) Farmer - retired	10b. KIND OF BUSINESS OR INDUSTRY Own account	11. BIRTHPLACE (City and State or Foreign Country) Callen Co., Kilkenny, Ireland	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	---

13a. FATHER'S NAME Edmond Cummins	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Loretta Gorman Cummins
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Loretta Cummins, Maryville, Mo.	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH Inst. 5 yrs 5 yrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis		
	DUE TO (c) Prostatic Hypertrophy		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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 **Jan 1955**, to **Aug. 25, 1957**, that I last saw the deceased alive on **Aug 25, 1957**, and that death occurred at **3:30P** m., from the causes and on the date stated above.

23a. SIGNATURE Dr. Empe	(Degree or title) M. D.	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 8/28/57
--------------------------------	--------------------------------	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8/27/57	24c. NAME OF CEMETERY OR CREMATORY St. Patrick's	24d. LOCATION (City, town, or county) (State) Maryville, Missouri
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. 8 31 57	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.	ADDRESS
---	--	--	---------

(Licensed Embalmer's Statement on Reverse Side)

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

290

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 *Clum M. Price*.....

Licensed Embalmer No. *182*.....

P. O. Address *Maryville*.....

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.