

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006600
STATE FILE NUMBER

FILED FEB 24 1958

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 71

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis		Length of stay in lb 3 weeks	d. STREET ADDRESS (If outside, give location) 116 East Jenkins		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JAMES Middle BENEDICT Last CUMMINS, SR.			4. DATE OF DEATH Month 2 Day 11 Year 58		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/1/77	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant-retired		10b. KIND OF BUSINESS OR INDUSTRY Funeral Dir. & furniture		11. BIRTHPLACE (City and state or country) Ford City, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Christopher Cummins			14. MOTHER'S MAIDEN NAME Mary McKenny		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 495-07-0667		17. INFORMANT Address J. B. Cummins, Jr., Maryville, Mo.	
18. CAUSE OF DEATH [Enter only one cause per list for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chr. Pulmonary Tubererculosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Emphysema Pulmonary DUE TO (c) Chr. Crostetation					INTERVAL BETWEEN ONSET AND DEATH 10 1/2 10 1/2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 5271		
20c. TIME OF INJURY Hour p. m. Month, Day, Year			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from May 1954 to 2/11/58 and last saw him ^{her} alive on 2/9/58 . Death occurred at 8:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) [Signature] M. D.			22b. ADDRESS Maryville, Missouri		22c. DATE SIGNED 2/12/58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 2/13/58	23c. NAME OF CEMETERY OR CREMATORY St. Patrick's		23d. LOCATION (City, town, or county) (State) Maryville, Missouri
24. FUNERAL DIRECTOR ADDRESS Price Funeral Home, Maryville, Mo.			25. DATE RECD. BY LOCAL REG. 2-22-58	26. REGISTRAR'S SIGNATURE Bess [Signature]	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MS JUN 17 1959

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 *Curtis C. Hensley*.....

Licensed Embalmer No. *49*.....

P. O. Address *Marysville*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.