

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014605
State File No.

FILED MAY 1 1958

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 89

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 town) Rural - Prairie		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"/>
c. LENGTH OF STAY (In this place) 1 yrs.		f. STREET ADDRESS (If rural, give location) 2616 Brighton 33480	
d. FULL NAME OF HOSPITAL OR INSTITUTION Percel Rd.			

3. NAME OF DECEASED (Type or Print) a. (First) Elmer b. (Middle) Milton c. (Last) Cummins		4. DATE OF DEATH (Month) (Day) (Year) April 19, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 9, 1877
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Dept.		10b. KIND OF BUSINESS OR INDUSTRY Police Dept.	11. BIRTHPLACE (City and State or Foreign Country) Anderson, Indiana
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME George Cummins	13b. MOTHER'S MAIDEN NAME Elizabeth Hohler	14. NAME OF HUSBAND OR WIFE Elizabeth E. Cummins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No. (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. 495-09-0798	17. INFORMANT'S SIGNATURE OR NAME Mo. ADDRESS Miss. Ruth I. Cummins, Lee's Summit
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Poisoning		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Taking Parrot Green DUE TO (c) _____		
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	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ASCIDENT, SUICIDE, HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) Lee's Summit Jackson MO (STATE) MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-19-58	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Ruth I. Cummins (Degree or title) 3	23b. ADDRESS 7034 Realtor Bldg	23c. DATE SIGNED 4-19-58
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 21, 1958	24c. NAME OF CEMETERY OR CREMATORY Greenwood, Cemetery
24d. LOCATION (City, town or county) (State) Greenwood, Missouri		

DATE REC'D BY LOCAL REG. 4-21-58	REGISTRAR'S SIGNATURE D.B. Langford	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mo Langsford Funeral Home, Lee's Summit
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(Licensed Embalmer's Statement on Reverse Side)

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

1008

MAY 2 1958

MAY 30 1958

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 *N. B. Langford Jr*.....
Licensed Embalmer No. *4967*
P. O. Address *Lee's Summit*

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.