

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043771

STATE FILE NUMBER

FILED DEC 29 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1220B

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield 6396	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		d. STREET ADDRESS (If outside, give location) 721 South	
3. NAME OF DECEASED (Type or print) First Middle Last JEFFERSON CALVIN CUMMINGS		4. DATE OF DEATH Month Day Year Dec. 16, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH June 11, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Auto & Service Station	
11. BIRTHPLACE (City and state or country) Billings, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Jefferson Cummings		13b. MOTHER'S MAIDEN NAME Emma Rebecca Davis	
14. NAME OF HUSBAND OR WIFE Verna Hood		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. 493-16-6541		17. INFORMANT Address Miss Della Cummings, Clever, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) uremia			INTERVAL BETWEEN ONSET AND DEATH weeks months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Glomerulo-nephritis			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 593x	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 Springfield		COUNTY STATE	
21. I attended the deceased from Oct. 1958 , to 12-16-58 and last saw ^{from} him alive on 12-16-58 Death occurred at 12:08 a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. D. [Signature] (Degree or title)		22b. ADDRESS Springfield Mo.	
22c. DATE SIGNED 12-19-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/18/1958	
23c. NAME OF CEMETERY OR CREMATORY Smart Cemetery		23d. LOCATION (City, town, or county) (State) Billings, Missouri	
24. FUNERAL DIRECTOR Jean Harris ADDRESS Clever, Mo.		25. DATE RECD. BY LOCAL REG. 12-23-58	
26. REGISTRAR'S SIGNATURE Effie B. Melton			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, etc.: must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *J. Alan Harris*

Licensed Embalmer No. *4390*

P. O. Address *Clever 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.