Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009040
STATE FILE NUMBER

FILED MAR 23 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 293

1. PLACE OF DEATH a. COUNTY Greene b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, — Inside Limits Yes [X] No [ ] c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1330 Cherry — Length of stay in Hospital 82 years	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene c. CITY OR TOWN Springfield, 0596 — Inside Limits Yes [X] No [ ] d. STREET ADDRESS (If outside, give location) 1330 Cherry — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Minnie Middle May Last Cummins

4. DATE OF DEATH Month March Day 17 Year 1959

5. SEX Female 6. COLOR OR RACE White 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] 8. DATE OF BIRTH May 16, ~~1876~~ 1878 9. AGE (In years last birthday) 80 ~~82~~ IF UNDER 1 YEAR Months 10 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY In Home 11. BIRTHPLACE (City and state or country) Springfield, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Jones 13b. MOTHER'S MAIDEN NAME Mary Rice 14. NAME OF HUSBAND OR WIFE Nicholas Cummins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. A. T. Pickering Springfield, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

ITEM 8, 9 4-28-59 DCT CORRECTED
BY: 1. AFFIDAVIT OF Informant
2. DOCUMENT Family Bible Record

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] 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 1954, to 1959 and last saw her/him alive on 3-15-59
Death occurred at 1 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. P. Moadux (Degree or title) M.D. 22b. ADDRESS Springfield, Mo. 22c. DATE SIGNED 3-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Mar. 19, 1959 23c. NAME OF CEMETERY OR CREMATORY Maple Park 23d. LOCATION (City, town, or county) (State) Springfield, Missouri

24. FUNERAL DIRECTOR ADDRESS Gorman-Scharpf Funeral Home Springfield, Mo. 25. DATE RECD. BY LOCAL REG. 3-17-59 26. REGISTRAR'S SIGNATURE Effie E. Mellon

*(Licensed Embalmer's Statement on Reverse Side)

Doctor, 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 L Doolin Gorman

Licensed Embalmer No. 3177

P. O. ~~Address~~ Springfield 17 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.