

URR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 2 1960

-60-005571

STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 20

ENDED

1. PLACE OF DEATH a. COUNTY <b>Clinton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> by COUNTY <b>Clay</b>								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CAMERON</b>		Length of stay in 1b <b>2 WEEKS</b>		c. CITY OR TOWN <b>Holt</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>CAMERON Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last <b>NANNIE FRANCES Cumley</b>				4. DATE OF DEATH Month Day Year <b>February 22, 1960</b>								
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Nov 19, 1925</b>	9. AGE (last birthday) <b>84</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and state or country) <b>Lathrop, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>					
13a. FATHER'S NAME <b>John Stockton</b>			13b. MOTHER'S MAIDEN NAME <b>MARY-JANE Scott</b>			14. NAME OF HUSBAND OR WIFE <b>Edgar E. Cumley</b>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT Address <b>MARY HAYNES Holt, Missouri</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Peripheral vascular collapse</b>							INTERVAL BETWEEN ONSET AND DEATH <b>15 min.</b>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary occlusion</b>							<b>9 days</b>					
DUE TO (c) <b>Arteriosclerosis</b>							<b>years.</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)								
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		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 <b>1954</b> to <b>1960</b> and last saw her alive on <b>Feb. 22, 1960</b> Death occurred at <b>4:45 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE (Degree or title) <b>Dr. Baumer D.O.</b>					22b. ADDRESS <b>Lathrop Mo.</b>			22c. DATE SIGNED <b>2-23-60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>Feb 25 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>EVERGREEN CEMETERY</b>			23d. LOCATION (City, town, or county) (State) <b>CAMERON Missouri</b>						
24. FUNERAL DIRECTOR <b>Do Moss</b>		ADDRESS <b>CRUNK, CAMERON, MO</b>		25. DATE RECD. BY LOCAL REG. <b>Feb 25-1960</b>		26. REGISTRAR'S SIGNATURE <b>Francis Crawford</b>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*John A. Rodgers*

Licensed Embalmer No. 4963

P. O. Address Leithers, Md

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.