RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 3 1960

60-009308
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 646

DOCUMENT

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy
Length of stay in this place: 1 week
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Ills b. COUNTY Madison
c. CITY OR TOWN Granite City
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) 4050 Lake Drive
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Margaret Middle Cummins Last
4. DATE OF DEATH Month 2 Day 26 Year 60
5. SEX F
6. COLOR OR RACE W.
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-3-1900
9. AGE (last birthday) 59
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Iff Mo
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Carter B Coleman
13b. MOTHER'S MAIDEN NAME Mary Pashea
14. NAME OF HUSBAND OR WIFE Edward Cummins
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.
17. INFORMANT Address 4050 Lake Drive Granite City Ills

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac Arrest	Sec.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Pulmonary Infarct	min
DUE TO (c)	Auricular Fibrillation	days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Post Influenzal Pneumonia

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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 Feb 19, 196 to Feb 26, 1960 and last saw her alive on Feb 25, 1960
Death occurred at 4:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE William D McTavner (Degree or title) D.O.
22b. ADDRESS 7811 Carondelet Clayton 5
22c. DATE SIGNED Feb 26, 1960
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2/26/60
23c. NAME OF CEMETERY OR CREMATORY Local
23d. LOCATION (City, town, or county) (State) Granite City Ill
24. FUNERAL DIRECTOR Henry Reeser ADDRESS Granite City
25. DATE RECD. BY LOCAL REG. 2-26-60
26. REGISTRAR'S SIGNATURE John G. Murphy M.D.
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose ~~name~~ is recorded on the reverse side of this certificate was embalmed by

or by Not Embalmed, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Henry Pugsley

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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