RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=60-030500

FILED VS AUG 2 9 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4147

STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 45 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4809 E. 7th — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Kansas City, Mo — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 4809 E. 7th — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First DOROTHY Middle ELIZABETH Last Cummins

4. DATE OF DEATH Month 8 Day 10 Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 8-10-1915
9. AGE (last birthday) 45 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Kansas City, MO
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William W. Cummins
13b. MOTHER'S MAIDEN NAME Ella Grace
14. NAME OF HUSBAND OR WIFE Robert Beeman

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. none
17. INFORMANT Thos. J. Turner. Address 3710 E. 8th K.C. 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) Circulatory Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Mal Nutrition
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Body badly Decomposed (alcoholic)

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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owens Coroner
22b. ADDRESS 152 Minor Station
22c. DATE SIGNED 8-12-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 8/12/1960
23c. NAME OF CEMETERY OR CREMATORY Buckner Cemetery
23d. LOCATION (City, town, or county) (State) Buckner, Mo.

24. FUNERAL DIRECTOR C. H. Blackman & Son ADDRESS K.C., Mo
25. DATE RECD. BY LOCAL REG. 8-12-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Hugh H. Owens

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bert B. Bennet

Licensed Embalmer No. 4656

P. O. Address K. C., Mo

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.