SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-017195

STATE FILE NUMBER

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 127

FILED MAY 22 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton
Length of stay in 1b years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION First National Bank
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Henry
c. CITY OR TOWN Clinton
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 516 S. Orchard
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Jesse Middle: C Last: Cummings
4. DATE OF DEATH Month: May Day: 18 Year: 1961
5. SEX male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1/14/92
9. AGE (last birthday) 69
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) Barber
10b. KIND OF BUSINESS OR INDUSTRY Barber
11. BIRTHPLACE (City and state or country) Vian, Oklahoma
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Robert Cummings
13b. MOTHER'S MAIDEN NAME Frances Tiner
14. NAME OF HUSBAND OR WIFE Nelle Cummings
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW# I
17. INFORMANT Nelle Cummings, Address Clinton, 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) Unknown Natural Causes. — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Apparent Myocardial Infarction
DUE TO (c)
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. ☐ 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 unattended to and last saw her/him alive on
Death occurred at 10:25 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard H. Kenz M.D. (Degree or title) Henry County Coroner
22b. ADDRESS 106 S. 3rd Clinton Mo.
22c. DATE SIGNED 5/20/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE May 22, 1961
23c. NAME OF CEMETERY OR CREMATORY Englewood
23d. LOCATION (City, town, or county) Clinton, Missouri (State)

24. FUNERAL DIRECTOR Consalus ADDRESS Clinton, Missouri
25. DATE RECD. BY LOCAL REG. May 20, 1961
26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

MAY 23 1961

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 Eugene R. Corsalin

Licensed Embalmer No. 4680

P. O. Address Clinton, Me

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