

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-032161

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 161

AMENDED

FILED OCT 2 1961

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Pleasant Twp.</u>		Length of stay in 1b <u>4 hrs.</u>	c. CITY OR TOWN <u>Overland Park</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Richards-Gebaur AFB</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7601 Broadmoore Lane</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Will</u> Middle <u>Edward</u> Last <u>Cummings</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>27</u> Year <u>1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3 Oct. 1912</u>	9. AGE (last birthday) <u>48</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U. S. Air Force</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Air Force</u>	11. BIRTHPLACE (City and state or country) <u>Chicago, Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>George Cummings</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Gooris</u>		14. NAME OF HUSBAND OR WIFE <u>Vivian Cummings</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWII</u>			17. INFORMANT Address <u>Vivian Cummings, Overland Park, Kan</u>		

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) <u>Cardiac Failure, Acute</u>		<u>40 Min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Anomalous coronary arteries</u>	<u>unknown</u>
	DUE TO (c) <u>Atherosclerosis, coronary arteries</u>	<u>unknown</u>
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 type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year			
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 5:25 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>M.L. Cheatham, M.D.</u>	22b. ADDRESS <u>Richards-Gebaur AFB</u>	22c. DATE SIGNED <u>27 Sept 61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Sept. 27, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>
		23d. LOCATION (City, town, or county) (State) <u>Ft. Leavenworth, Kan.</u>

24. FUNERAL DIRECTOR ADDRESS <u>Langsford Funeral Home Lee's Summit, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>Sept 29 - 1961</u>	26. REGISTRAR'S SIGNATURE <u>Ms Ray Sebee</u>
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(Licensed Embalmer's Statement on Reverse Side)

10/26/61
 10/26/61
 10/26/61
 cardiac failure - acute
 heart block, left bundle branch blood
 anomalous coronary arteries
 atherosclerosis, coronary arteries
 attending physician

MEDICAL CERTIFICATION

DOCUMENT

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

D. B. Langford Jr

Licensed Embalmer No.

4962

P. O. Address

Leis Summit

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.