MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-007324

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 251 Primary Registration District No. — Registrar's No. 75

FILED MAR 12 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Burlington Jct. — Length of stay in 1b 52 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Family Home — Inside Limits Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print) First FRANCIS Middle EDWARD Last CUMMINS

4. DATE OF DEATH Month 3 Day 1 Year 62

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Widowed ☐ Never Married ☐ Divorced ☐
8. DATE OF BIRTH 1/23/85
9. AGE (last birthday) 77 — 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) Farmer - retired
10b. KIND OF BUSINESS OR INDUSTRY Own account
11. BIRTHPLACE (City and state or country) Burlington Jct., Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Patrick Cummins
13b. MOTHER'S MAIDEN NAME Anna Ryan
14. NAME OF HUSBAND OR WIFE Cora McKenzie Cummins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of servic
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs. Cora Cummins, Burlington Jct. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary insufficiency — ?
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 8/19/59 10:50 A., to 3/1/62 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) B. F. Byland M. D.
22b. ADDRESS Maryville, Missouri
22c. DATE SIGNED 3/3/62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 3/3/62
23c. NAME OF CEMETERY OR CREMATORY St. Mary's
23d. LOCATION (City, town, or county) (State) Maryville, Missouri

24. FUNERAL DIRECTOR ADDRESS Price Funeral Home, Maryville, Mo.
25. DATE RECD. BY LOCAL REG. 3-3-62
26. REGISTRAR'S SIGNATURE Bess Hall

(Licensed Embalmer's Statement on Reverse Side)

MAR 13 1962

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 W. Price.

Licensed Embalmer No. 4281

P. O. Address Maryville Mo

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.