MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013875

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 55

FILED APR 11 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 1080
2 1060
3
4 0
5 1
6
7 1
8 2
9 4201
10
11
12 93-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

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 Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township — Length of stay in 1b 22mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #3 — Inside Limits Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print) First Ernest Middle L. Last Cummings

4. DATE OF DEATH Month 3/ Day 31 Year 1962

5. SEX M

6. COLOR OR RACE W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 12/11/1892

9. AGE (last birthday) 69 yrs. — 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) Meat Cutter

10b. KIND OF BUSINESS OR INDUSTRY Meat Cuttter

11. BIRTHPLACE (City and state or country) Davenport, Iowa

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Levi Cummings

13b. MOTHER'S MAIDEN NAME Ida Johnson

14. NAME OF HUSBAND OR WIFE Gladys Cummings

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 Hospital Records, Nevada, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 24hrs,
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Arterioscleresis — yrs.
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 2:00 a.m on the date stated above, and to the best of my knowledge, from the causes stated.
I viewed the remains:

22a. SIGNATURE (Degree or title) F L Mayfield M.D.

22b. ADDRESS St Hosp #3

22c. DATE SIGNED 3/31/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 3-31-62

23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

23d. LOCATION (City, town, or county) (State) LaCygne, Kans.

24. FUNERAL DIRECTOR ADDRESS Mangold Funeral Service, LaCygne, Ks.

25. DATE RECD. BY LOCAL REG. 4-3-1962

26. REGISTRAR'S SIGNATURE Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

APR 17 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 Robert L. Mangold

Licensed Embalmer No. 4972

P. O. Address LaCygne, Kans.

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.