

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18430

State File No.

FILED JUL 5 - 1955
BIRTH NO. 35194-55 REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 3013 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (in this place) 13 hrs		c. CITY OR TOWN Clinton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wetzel Osteopathic Hosp.		f. STREET ADDRESS (If rural, give location) 705 South Main			

3. NAME OF DECEASED (Type or Print) a. (First) MARK b. (Middle) ALLAN c. (Last) Cummings			4. DATE OF DEATH (Month) (Day) (Year) June 23 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH June 22, 1955		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 13 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Clinton, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert Cummings		13b. MOTHER'S MAIDEN NAME Betty Howard		14. NAME OF HUSBAND OR WIFE none	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Cummings Clinton, Missouri			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature (26 wks) ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ 776X!				INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. abruptio-Placenta caesarean section.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-22, 1955 to 6-23, 1955, that I last saw the deceased alive on 6-23, 1955, and that death occurred at 12:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. J. Howell	23b. ADDRESS W. 4 Clinton Mo	23c. DATE SIGNED 6-26-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 23, 1955	24c. NAME OF CEMETERY OR CREMATORY Englewood	24d. LOCATION (City, town, or county) (State) Clinton, Missouri Mo.
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DATE REC'D BY LOCAL REG. 6-26-55	REGISTRAR'S SIGNATURE Florence Adair	4225	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. E. Conslor Clinton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No.....

P. O. Address.....

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.