

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21931

State File No. _____

No. 300
10.48

0429

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

FILED JUL 25 1955

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5516 Registrar's No. 27

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Laney</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield township</u> | c. LENGTH OF STAY (In this place) <u>7 months</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Calhoun</u> <u>0420</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>at Home</u> | | d. STREET ADDRESS (If rural, give location) _____ | |

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|---|-------------------------------|---|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>R.</u> c. (Last) <u>Cummings</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>18</u> <u>55</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>JAN 20 1866</u> | 9. AGE (In years last birthday) <u>89</u> | IF UNDER 1 YEAR Days <u>35</u> | IF UNDER 1 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Jacksonville Ill</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

| | | |
|-----------------------------------|--|---|
| 13a. FATHER'S NAME <u>unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Betty Cummings</u> |
|-----------------------------------|--|---|

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|---|-------------------------------------|--|---------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Duck Beasley Windsor Mo</u> | ADDRESS _____ |
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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>days</u> <u>yrs</u> |
| | ANTECEDENT CAUSES <u>Arteriosclerosis</u> | | |
| | DUE TO (b) _____ DUE TO (c) <u>332X</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | |

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|------------------------------|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------|--|--|

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|--|--|---|
| 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 Feb., 1955, to July 18, 1955, that I last saw the deceased alive on 7-18-55, 1955, and that death occurred at 8 P m., from the causes and on the date stated above.

| | | |
|--|----------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Miss Sanderhents Co.</u> | 23b. ADDRESS <u>Clinton, Mo.</u> | 23c. DATE SIGNED <u>7-19-55</u> |
|--|----------------------------------|---------------------------------|

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|---|----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7.20.1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lained Oak</u> | 24d. LOCATION (City, town, or county) (State) <u>Windsor Mo</u> |
|---|----------------------------|--|---|

| | | | |
|---|---|---|---------------------------|
| DATE REC'D BY LOCAL REG. <u>7-19-55</u> | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J.A. Huesey</u> | ADDRESS <u>Calhoun Mo</u> |
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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
Student Embalmer

Signed _____

Licensed Embalmer No. 3502

P. O. Address Calhoun, Ga

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 this body is not embalmed, fact should be so stated above.