

FILED MAR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1169

BIRTH NO.		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3026		Registrar's No. 38		
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lake Township</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lake Twp. rural</u> 108		D 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>402 North Cedar</u>				d. STREET ADDRESS (If rural, give location) <u>-</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Howard</u> b. (Middle) <u>O.</u> c. (Last) <u>Cuman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 21, 1949</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>Unknown</u>		
9. AGE (In years last birthday) <u>90</u>			IF UNDER 1 YEAR Months <u>?</u> Days <u>?</u>		IF UNDER 24 HRS. Hours <u>?</u> Min. <u>?</u>			
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 (State or foreign country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Unknown Widowed</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles C. Logan Nevada</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			INTERNAL BETWEEN ONSES OF DEATHS	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY HEART DISEASE</u>				CONGESTIVE FAILURE			7	
ANTECEDENT CAUSES				DUE TO (b) <u>ARTEROSCLEROSIS</u>			yrs.?	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) <u>-</u>			-	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>1/201</u>			-	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>-</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>		21d. HOW DID INJURY OCCUR? <u>-</u>		
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-</u>				
22. I hereby certify that I attended the deceased from <u>JAN 8, 1944</u> , to <u>FEB 21, 1949</u> , that I last saw the deceased alive on <u>FEB 20, 1949</u> , and that death occurred at <u>1 1/2 AM.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Wm. H. Williams, M.D.</u>				23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>2/24/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburial</u>		24b. DATE <u>2-24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Freeport Ill.</u>		
DATE REC'D BY LOCAL REG <u>Feb. 24, 1949</u>		REGISTRAR'S SIGNATURE <u>Nathaniel H. Yancus</u> 331		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Allen D. Kaye Nevada, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 17 1957

MAY 21 1957

RECEIVED

District Health Officer No. 7,

District File Number 1-49-137

Date Filed 2-28-49

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 Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Neveda, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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