

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5633**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **270** PRIMARY REG. DIST. NO: **5909** Registrar's No. **20**

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Boonville</b> |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY _____ |  |
| b. CITY OR TOWN <b>Boonville</b>                |  | c. CITY OR TOWN <b>Boonville</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____   |  | d. STREET ADDRESS (If rural, give location) <b>0780</b>  |  |

|   |                               |   |   |   |  |
|---|-------------------------------|---|---|---|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Lon</b> b. (Middle) <b>Cummings</b> c. (Last) _____     |                               |   | 4. DATE OF DEATH<br>(Month) <b>1</b> (Day) <b>28</b> (Year) <b>50</b> |   |  |
| 5. SEX <b>M</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>8-10-1888</b>                                     | 9. AGE (In years last birthday) <b>61</b>                 | IF UNDER 1 YEAR<br>Months <b>5</b> Days <b>18</b>    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Iron Fabrics</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY _____                               |   | 11. BIRTHPLACE (State or foreign country) <b>Illinois</b> |  |
| 13a. FATHER'S NAME <b>Unknown</b>   |                               |   | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b>                              |   | 14. NAME OF HUSBAND OR WIFE <b>Marshall Cummings</b> |

|   |                               |   |  |
|---|-------------------------------|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <b>Marshall Cummings</b> ADDRESS <b>Boonville</b> |  |
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|   |  |  |  |
|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <b>Coronary Heart Failure</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 hrs</b> |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Essential Hypertension</b> |  |  |
|   | DUE TO (c) _____   |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  | <b>443X</b>                                      |

|                                    |  |  |
|------------------------------------|--|--|
| 19a. DATE OF OPERATION <b>None</b> | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------------|--|--|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b> | 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 **1/27, 1950**, to **1/28, 1950**, that I last saw the deceased alive on **1/27, 1950**, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

|   |                                  |                                 |
|---|----------------------------------|---------------------------------|
| 23a. SIGNATURE <b>O. O. Smith, D.D.S.</b> (Degree or title) | 23b. ADDRESS <b>Boonville Mo</b> | 23c. DATE SIGNED <b>1/28/50</b> |
|---|----------------------------------|---------------------------------|

|   |                          |   |   |
|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>1-29-50</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Little Bessie</b> | 24d. LOCATION (City, town, or county) (State) <b>Boonville Mo</b> |
|---|--------------------------|---|---|

|   |  |  |
|---|--|--|
| DATE REC'D BY LOCAL REG. <b>2-28-1950</b> | REGISTRAR'S SIGNATURE <b>Travis B. Welke</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Hermon Hart Co</b> ADDRESS <b>Boonville Mo</b> |
|---|--|--|

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

780

FILED MAR 9 1950

3-50-82

MAR 8 REC'D

**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.

Signed \_\_\_\_\_

*John W. German*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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 this body is not embalmed, fact should be so stated above.