

FILED JUL 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23907

BIRTH NO. _____		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 5630		Registrar's No. 308	
1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Mo. b. COUNTY La cledde			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural - LEBANON)		c. LENGTH OF STAY (in this place) 50 yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - LEBANON		0530	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lebanon, Mo. R # 1				d. STREET ADDRESS (If rural, give location) Lebanon, R # 1			
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin		b. (Middle) Franklin		c. (Last) Cummins		4. DATE OF DEATH (Month) (Day) (Year) June 30 1950	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 26, 1863	
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME David Cummins			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Nancy Cummins		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. F. Cummins, Lebanon, Mo. R # 1			
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) Generalized Carcinomatosis ANTECEDENT CAUSES Carcinoma, face. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3-4 mo. 3 yrs 19/1X	
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 2-27, 1950 , to 6-30, 1950 , that I last saw the deceased alive on 6-29, 1950 , and that death occurred at 6:30 A. , from the causes and on the date stated above.							
23a. SIGNATURE Walter Kramer M.D. (Degree or title)				23b. ADDRESS Lebanon, Mo.		23c. DATE SIGNED 6/30/50	
24a. BURIAL, CREMATION, OR OTHER (Specify)		24b. DATE 7/2/50		24c. NAME OF CEMETERY OR CREMATORY Washington Cem.		24d. LOCATION (City, town, or county) (State) Laclede Co. Mo.	
DATE REC'D BY LOCAL REG. 7-2-1950		REGISTRAR'S SIGNATURE Hella L. Day		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Falmers, Lebanon, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 10 1950

Received

Laclede County Health Unit

File No. 7-50-110

Date Filed JUL 14 1950

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 Emmett E. Everett

Licensed Embalmer No. 4748

P. O. Address Lebanon, 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.