

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33303

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5474 Registrar's No. 132

| | | | |
|---|----------------------------|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>GRONDY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>MO</u> b. COUNTY <u>GRONDY</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON TWP. 11 YRS.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>04820</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | d. STREET ADDRESS (If rural, give location) <u>JEFFERSON TWP.</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIE</u> b. (Middle) <u>GENEVA</u> c. (Last) <u>CUMMINGS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 23-1950</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>WH</u> | 7. MARRIED <u>WIDOWED</u> (Specify) <u>W</u> | 8. DATE OF BIRTH <u>JULY 17 1869</u> |
| 9. AGE (In years last birthday) <u>81</u> Months <u>3</u> Days <u>6</u> | | 9. AGE (In years last birthday) <u>81</u> Months <u>3</u> Days <u>6</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPING</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>SMYTH COUNTY WEST VIRGINIA</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>A.M.</u> | |
| 13a. FATHER'S NAME <u>JEFFERSON DAVIS</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | |
| 14. NAME OF HUSBAND OR WIFE _____ | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 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 <u>Lovell Cummings</u> | | ADDRESS _____ | |
| 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) <u>Arterio coronary occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>hours</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerotic cardiovascular disease</u> | | years <u>4</u> | |
| DUE TO (c) _____ | | _____ | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| _____ | | | |
| 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 <u>Oct 23</u> , 19 <u>50</u> , to <u>Oct 23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 23</u> , 19 <u>50</u> , and that death occurred at <u>8:10 p. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>C. L. Clark</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Trenton, Mo.</u> | |
| 23c. DATE SIGNED <u>10-25-50</u> | | _____ | |
| 24a. BURIAL, CREMATION (Specify) <u>0</u> | | 24b. DATE <u>10-26-1950</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC</u> | | 24d. LOCATION (City, town, or county) (State) <u>JAMESPORT MO.</u> | |
| DATE REC'D BY LOCAL REG. <u>10-28-50</u> | | REGISTRAR'S SIGNATURE <u>J. H. ...</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. ...</u> | | ADDRESS _____ | |

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Rollin L. Fickelhorst*

Licensed Embalmer No. 4715

P. O. Address Jamestown, 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.