

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32807**

FILED NOV 9 1951

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>5157</u>		Registrar's No. <u>308</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway Co.</u> b. CITY (If outside corporate limits, write RURAL and give town OR <u>Portland, Mo. Rural</u>) c. LENGTH OF STAY (in this place) <u>65 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Portland, Mo. Rural</u> d. STREET ADDRESS (If rural, give location) <u>Auxvasse T.S.P.</u>			
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Berne</u> c. (Last) <u>Cummings</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 27th 1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 6th 1876</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days 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>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Alexander Cummings</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Kelle</u>			
14. NAME OF HUSBAND OR WIFE <u>Dora Cummings</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Jack Cummings</u>		17. ADDRESS <u>Portland, Mo.</u>		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>Coronary thrombosis</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>all age related</u>		DUE TO (c) <u>Diabetes</u>			
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 <u>4201</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>July 29 1951</u> to <u>Oct 29, 1951</u> , that I last saw the deceased alive on <u>Oct 29, 1951</u> , and that death occurred at <u>one 6 m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>W. O. Herbert</u> (Degree or title) <u>M.D.</u>			
23b. ADDRESS <u>Readsville, Mo.</u>		23c. DATE SIGNED <u>Oct 29-1951</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>Oct 30th 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hancock Prairie Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Near Readsville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Oct 29-1951</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. O. Herbert</u> ADDRESS <u>Americus, MO</u>			

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

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File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV - 5 1951

RECEIVED

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 D B Baher

Licensed Embalmer No. 3375

P. O. Address Americus, 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.