

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15388**

155 MAY 7 - 1952

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 75

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| 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 OR TOWN <u>Nevada</u> | | c. CITY OR TOWN <u>Nevada</u> | |
| c. LENGTH OF STAY (in this place) <u>20 yrs</u> | | 1082 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u> | | d. STREET ADDRESS (If rural, give location) <u>902 W. Austin Street</u> | |

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|-------------------------------------|-----------------------------------|--------------------------|-----------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>WARDER CUMMINGS</u> | b. (Middle) <u>BROWN</u> | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>4-16-52</u> |
|-------------------------------------|-----------------------------------|--------------------------|-----------|--|

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|--------------------|-------------------------------|---|----------------------------------|---|--|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>1-21-'78</u> | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR Months <u>2</u> Days <u>26</u> | IF UNDER 24 Hrs. Hours <u></u> Min. <u></u> |
|--------------------|-------------------------------|---|----------------------------------|---|--|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired (Carpenter)</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Sedalia, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>George P. Brown</u> | 13b. MOTHER'S MAIDEN NAME <u>Annie Frank</u> | 14. NAME OF HUSBAND OR WIFE <u>Vinnie M. Brown</u> |
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| 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>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Vinnie M. Brown</u> | ADDRESS |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Several years</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> | | |
| | DUE TO (c) <input checked="" type="checkbox"/> | | |
| II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>Endocarditis</u> | | | <u>Don't know</u> |

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| 19a. DATE OF OPERATION <u>none</u> | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada Vernon Mo</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-16-52</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>none</u> |
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22. I hereby certify that I attended the deceased from about, 1948, to 4-16, 1952, that I last saw the deceased alive on 4-16, 1952, and that death occurred at 11 A m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>W. S. Love MD</u> (Degree or title) | 23b. ADDRESS <u>Nevada, Mo</u> | 23c. DATE SIGNED <u>Apr 20/52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (1)</u> | 24b. DATE <u>4-18-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>5-3-52</u> | REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen J. Keys</u> | ADDRESS <u>Nevada, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1082

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 Allen V. Hayes

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.