

**STANDARD CERTIFICATE OF DEATH**

18568

State File No. \_\_\_\_\_

No. 25  
10. 48  
JUN 9 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 56

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Lawrence</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u> <u>0551</u>	
c. LENGTH OF STAY (In this place) <u>67 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>114 W. Lee</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>114 W. Lee</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <u>Victor</u>			May 29 1953		
b. (Middle) <u>M.</u>					
c. (Last) <u>Cummings</u>					
<b>5. SEX</b> <u>M.</u>	<b>6. COLOR OR RACE</b> <u>W.</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Sept. 22, 1885</u>		<b>9. AGE</b> (In years last birthday) <u>67</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farming</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Aurora, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>Charles R. Cummings</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Ida M. Ballard</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lottie Cummings</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>6</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Lottie Cummings</u>	<b>ADDRESS</b> <u>Aurora, Mo.</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>minutes</u> <u>hours</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary thrombosis</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>P</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4201</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from April 8, 1953 to May 28, 1953 that I last saw the deceased alive on May 28, 1953 and that death occurred at 8:45 AM from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Dr. Kenneth L. Roberts</u>	<b>23b. ADDRESS</b> <u>Aurora, Mo.</u>	<b>23c. DATE SIGNED</b> <u>June 1953</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>6/1/53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Orange Cemetery</u>
		<b>24d. LOCATION</b> (City, town, or county) <u>Lawrence County Mo.</u>

<b>DATE REC'D BY LOCAL REG.</b> <u>6-2-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Ora Mc Nett</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>William Wood</u>	<b>ADDRESS</b> <u>Home Home Aurora, MO</u>
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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 James D. Croft  
Licensed Embalmer No. 14668

P. O. Address Aurora, 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.