

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22652

State File No. ....

FILED JUN 29 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 225

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) _____		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dead on Arrival at Bonne Terre Hosp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>2306 South 13th Street</u>		_____	

3. NAME OF DECEASED (Type or Print) <u>Margaret Fern Cummings</u>	a. (First) _____ b. (Middle) _____ c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>June 25 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 2, 1947</u>	9. AGE (In years last birthday) <u>6</u>	IF UNDER 1 YEAR <u>2 1/2</u> Months	IF UNDER 1 HR. <u>1 1/2</u> Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Herbert Cummings</u>	13b. MOTHER'S MAIDEN NAME <u>Ilene Camden</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herbert Cummings</u> ADDRESS <u>St. Louis, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
<p><i>This does not mean the mode of dying, such as suffocation, asphyxia, strangulation, asphyxia, or complications which caused death.</i></p> <p><i>Means the disease, injury, or complication which caused death.</i></p>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull Fracture</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Received injuries by falling from running horse.</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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Iron River, St. Francois, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 25, 1953</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell from horse while riding</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Earl J. Miller</u>	(Degree or title) <u>Coroner Farmington Mo</u>	23b. ADDRESS _____	23c. DATE SIGNED <u>6/25/53</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>6/29/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St Marcus Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>June 25, 1953</u>	REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Ind Co</u> ADDRESS <u>St. Louis, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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can be by all

845X  
21

094

JUL 1 1963

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul K. Dwyer

Licensed Embalmer No. 4126

P. O. Address Farmington

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of ~~St. Francois~~ }  
Missouri } ss.  
County of ~~St. Francois~~

State File No. 22652  
Local Registrar's No. 225

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 6th day of July, 1953, before me appears.....

Paul K. Dugal, who, upon his oath, states that the original record of ~~birth~~  
death

for Margaret Fern Cummings, <sup>died</sup> June 25, 1953 in the State of  
<sup>born</sup> Missouri, and which was filed at Farmington, Mo. on June 25, 1953 should be corrected as follows:

Item No. 8 should read April 21, 1947

Instead of April 26, 1947

Item No. 9 should read 6 yrs. 2 mos. 4 days

Instead of 6 yrs. 1 mo. 29 days

Item No. .... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Paul K. Dugal Undertaker  
Relationship.

Farmington, Mo.  
Present Address.

Subscribed and sworn to before me this 6th day of JULY, 1953

My Commission expires Feb. 23, 1957. Ether Rudloff Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

