

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8579

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

1393

FILED APR 14 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>37 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>5017 GRAND AVENUE 3738</u>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>ST. LUCAS HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>ANDERSON</u> c. (Last) <u>CUMMINGS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 28, 1954</u>		
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>DEC. 29, 1888</u>	9. AGE (In years) (last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>LINCOLN, NEBRASKA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>ANDERSON A. CUMMINGS</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH HARRIS</u>		14. NAME OF HUSBAND OR WIFE <u>MABLE CUMMINGS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>487-07-6097</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. MABLE CUMMINGS - KANSAS CITY, MISSOURI</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>METASTATIC CARCINOMA OF LIVER</u>		INTERVAL BETWEEN ONSET AND DEATH <u>SEVERAL Mos.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PRIMARY CARCINOMA OF PANCREAS SEVERAL Mos.</u>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>MEGACOLON, OSTEO-ARTHRITIS</u>		<u>5 Mos.</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" 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 Nov. 11, 1953, to MAR 28, 1954, that I last saw the deceased alive on MAR 27, 1954, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James W. Fowler, M.D.</u> (Degree or title)		23b. ADDRESS <u>1630 PROFESSIONAL BLDG.</u>		23c. DATE SIGNED <u>MAR 29, '54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR 30, 1954</u>		24c. NAME OF CEMETERY <u>MT. MORIAH</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>3-29-54</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M. H. Newcomer, Inc. - KANSAS CITY, MISSOURI</u>	
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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 ....., Student Embalmer No..... working under my personal supervision:.

Student.....  
Signature of Student Embalmer

Signed *Clare V. Carr, Jr.*.....  
Licensed Embalmer No. 493

Licensed Embalmer No. 493

P. O. Address K. C. 10, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.