

FILED JUL 26 1954

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34114  
Registrar's No. 154

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 154			
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway					
b. CITY (If outside corporate limits, write RURAL and give town) St. Charles		c. LENGTH OF STAY (in this place) 1-Wk.		c. CITY OR TOWN Portland		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				e. STREET ADDRESS (If rural, give location) Portland, Missouri 01401					
3. NAME OF DECEASED (Type or Print) a. (First) SUSAN		b. (Middle) ELDORA		c. (Last) CUMMINGS		4. DATE OF DEATH (Month) (Day) (Year) July 18, 1954			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 9, 1878			
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Portland, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Jim Atterbury		13b. MOTHER'S MAIDEN NAME Susan Benskin		14. NAME OF HUSBAND OR WIFE John Cummings (Dec'd.)					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Nil		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jack Cummings Portland, Mo.					
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic coma - severe acidosis ANTECEDENT CAUSES DUE TO (b) Diabetes mellitus DUE TO (c) acute exhaustion adrenal cortex II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Heat prostration Gen. arterio sclerosis				INTERVAL BETWEEN ONSET AND DEATH 5 4 days 1 yr 4 days 5 yr			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 7-12-54 to 7-18-54, that I last saw the deceased alive on 7-18-54, and that death occurred at 11:57 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Death cert. title) R. J. Keefe				23b. ADDRESS St. Charles, Mo.				23c. DATE SIGNED July 19, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 21, 1954		24c. NAME OF CEMETERY St. Patricks		24d. LOCATION (City, town, or county) (State) Readsville, Missouri			
DATE REC'D BY LOCAL REG. July 19, 1954		REGISTRAR'S SIGNATURE Franice F. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barton Baker American, Mo.					

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 *Frank R. Gualala*.....

Licensed Embalmer No..... *46*

P. O. Address *St. Charles*.....

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.