No. 300
10.48

FILED MAR 15 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 4569

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 29

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

**1. PLACE OF DEATH**
a. COUNTY Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Trenton
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 606 E. 20th St

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Grundy
c. CITY OR TOWN Trenton
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 606 E. 20th St. 04020

**3. NAME OF DECEASED** (Type or Print)
a. (First) SAM
b. (Middle) M
c. (Last) CUMMINGS

**4. DATE OF DEATH** (Month) (Day) (Year) March 3 1955

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 5. 1872
9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months 5 Days 28 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Ringold Co. Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME George M. Cummings
13b. MOTHER'S MAIDEN NAME Mary Hunter
14. NAME OF HUSBAND OR WIFE Lottie Cummings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Tom Brown ADDRESS Jamesport, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis — INTERVAL BETWEEN ONSET AND DEATH 12 years

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

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 4500
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 24, 1955, *to* Mch 3, 1955, *that I last saw the deceased alive on* Mch 3, 1955, *and that death occurred at* 6 45 *m., from the causes and on the date stated above.*

23a. SIGNATURE E. A. Duffy (Degree or title) MD
23b. ADDRESS Trenton Mo.
23c. DATE SIGNED Mch 5-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar 6-1955
24c. NAME OF CEMETERY OR CREMATORY Masonic
24d. LOCATION (City, town, or county) Jamesport (State) Mo.

DATE REC'D BY LOCAL REG. 3-6-55
REGISTRAR'S SIGNATURE Irene Fair
25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Vivian Roberson ADDRESS Jamesport Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 15 1955

FEB 28 1955

MAR 18 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Orel Robers

Licensed Embalmer No. 423

P. O. Address R#4 Chill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.