

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **26256**

FILED AUG 20 1956

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **5186** Registrar's No. **379**

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau		
b. CITY (If outside corporate limits, write RURAL and give township) Rural--Randol TOWN Cape Girardeau TWP.		c. LENGTH OF STAY (in this place) 17yrs		c. CITY OR TOWN Cape Girardeau	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile east of Oriole					
e. STREET ADDRESS 1420 North Main St.			d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Richard	b. (Middle) Glenn	c. (Last) Cummings	(Month) Aug.	(Day) 5,	(Year) 1956

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Jan. 21, 1939	9. AGE (In years last birthday) 17	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Glenn F. Cummings	13b. MOTHER'S MAIDEN NAME Louise Burris	14. NAME OF HUSBAND OR WIFE None
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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. 488-42-5166	17. INFORMANT'S SIGNATURE OR NAME Glenn F. Cummings, Cape Girardeau, Mo.	ADDRESS Cape Girardeau, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest, Internal Injuries		INTERVAL BETWEEN ONSET AND DEATH
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Route 1 intersection	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Orion Randol Cape Girardeau Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 5 1956 1:30 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto which he was driving turned over

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 J. F. Sigmund, Coroner	(Degree or title)	23b. ADDRESS Jackson Mo.	23c. DATE SIGNED Aug 5, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 7, 1956	24c. NAME OF CEMETERY OR CREMATORY Lorimer Cemetery	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 8-16-56 W. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Cape Girardeau, Mo.
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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.....
Signature of Student Embalmer

Signed.....
J. S. Haman

Licensed Embalmer No. *2663*

P. O. Address *Cape Girardeau*

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.