

FILED SEP 24 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29955

State File No. _____
 Registrar's No. 1016

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5125

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Center Twsp		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 35 yrs		e. STREET ADDRESS (If rural, give location) RFD #6, Center Twsp	
d. FULL NAME OF HOSPITAL OR INSTITUTION: RFD #6			

3. NAME OF DECEASED (Type or Print)	a. (First) EMMA	b. (Middle) CORINTHIA	c. (Last) CUMMINGS	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 13, 1956
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED	8. DATE OF BIRTH Jan 20, 1872	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Allen County, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George D. Martin	13b. MOTHER'S MAIDEN NAME Abigail Hankins	14. NAME OF HUSBAND OR WIFE William Henry Cummings
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Eula Walls, RFD #6, St. Joseph, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac dropsy		
	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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from June 1, 1954, to Sept 13, 1956, that I last saw the deceased alive on Sept 12, 1956, and that death occurred at 8:25P m., from the causes and on the date stated above.

23a. SIGNATURE John G. Swails, M.D. (Degree or title)	23b. ADDRESS Wathena, Ks.	23c. DATE SIGNED 9-14-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sept 15, 1956	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county), (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. Sept 21, 1956	REGISTRAR'S SIGNATURE E. M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE (Name) Herman W. Siedenbader	ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0110

0110

485

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 *Robert H. Gayle*
Licensed Embalmer No. 3308

P. O. Address *St. Joseph, N.J.*

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.