

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42890**
10501
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MISSOURI b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY OR TOWN STIEFFUS	d. 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) 1 Month		e. STREET ADDRESS (if rural, give location) 1700 General Delivery	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI BAPTIST			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIS b. (Middle) _____ c. (Last) CUMMINS			4. DATE OF DEATH (Month) (Day) (Year) 11-15-1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-3-1869	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (City and State or Foreign Country) Tiff, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Cummins		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Deceased	
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. None		17. INFORMANT'S SIGNATURE OR NAME Margaret Kelsey, 1716 Lawrence ADDRESS _____	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		INTERVAL BETWEEN ONSET AND DEATH 4 Days about 3 mo 1 mo
	ANTECEDENT CAUSES granulomatous fibroblastic liver changes pancreatic fibroblastic liver changes possible sarcoma		
	DUE TO (b) pancreatic fibroblastic liver changes possible sarcoma DUE TO (c) Diverticulitis of Colon		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diverticulitis of colon Arteriosclerosis			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION granulomatous fibroblastic liver changes pancreatic fibroblastic liver changes		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) 156.1	
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 10-16-, 1956, to 11-15-, 1956, that I last saw the deceased alive on 11-15-, 1956, and that death occurred at 9 p. m., from the causes and on the date stated above.

23a. SIGNATURE Pugh Haynes M.D. (Degree or title) C		23b. ADDRESS 3720 Washington		23c. DATE SIGNED 11-16-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-18-1956	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Blackwell, Missouri	
DATE REC'D BY LOCAL REG. NOV 17 1956	REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mothershead, DeSoto, Missouri ADDRESS _____	

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..... Andrew H. Englar
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Licensed Embalmer No.

P. O. Address..... W. Sato

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.