

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36304

STATE FILE NUMBER

FILED OCT 17 1957

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 182

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Greenwood</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Lee's Summit</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Town (South Part)</b>			Length of stay in lb <b>5 Mons.</b>		d. STREET ADDRESS <b>6 Vine Street</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Jesse</b> Middle <b>Lewis</b> Last <b>Cummins</b>				4. DATE OF DEATH Month <b>Sept.</b> Day <b>30</b> Year <b>1957</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct. 24, 1871</b>		9. AGE (In years last birthday) <b>85</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cattle Buyer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cattler</b>		11. BIRTHPLACE (City and state or country) <b>Jackson County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13. FATHER'S NAME <b>Thomas Jefferson Cummins</b>				14. MOTHER'S MAIDEN NAME <b>Nancy E. Lewis</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>			16. SOCIAL SECURITY NO. <b>492-14-7780A</b>		17. INFORMANT Address <b>Floyd Cummins, Greenwood, Mo.</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Stomach</b>								INTERVAL BETWEEN ONSET AND DEATH <b>10 mo</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>12-12-56</b> to <b>9-30-57</b> and last saw <sup>him</sup> <del>her</del> alive on <b>9-28-57</b> Death occurred at <b>12:45</b> <b>A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>J. P. Jenkins M.D.</b> (Degree or title)				22b. ADDRESS <b>320 So Douglas Lee's Summit Mo</b>				22c. DATE SIGNED <b>10-1-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>Oct. 2, 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Blue Springs Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Blue Springs, Missouri</b>			
24. FUNERAL DIRECTOR <b>Langsford Funeral Home</b>			ADDRESS <b>Lee's Summit, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>9-30-1957</b>		26. REGISTRAR'S SIGNATURE <b>V. B. Langsford</b>		

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, & Welfare  
Public Health Service

S. 300  
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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MAR 20 1958

OCT 15 1957

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 *N. B. Langford Jr.*

Licensed Embalmer No. *49*

P. O. Address *Leis...*

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.