

Dept. Health,
uc., & Welfare
U. S. Public
Health Service

FILED JAN 17 1958

STANDARD CERTIFICATE OF DEATH

172331
STATE FILE NUMBER
6182

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSP. 3 YEARS			Length of stay in lb		d. STREET ADDRESS (If outside, give location) 5112 PASEO		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED : First Middle Last Goldie MAY Cummings				4. DATE OF DEATH Month Day Year DEC. 27, 1957					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH DEC. 16, 1898		9. AGE (In years last birthday) 58 57		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) AUBURN, NEB.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME JOHN ELLIOT			13b. MOTHER'S MAIDEN NAME CAMP		14. NAME OF HUSBAND OR WIFE LEON CUMMINGS				
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. NONE		17. INFORMANT LEON CUMMINGS Address 5112 THE PASEO KANSAS CITY MISSOURI				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary thrombosis - Myocardial Infarction							INTERVAL BETWEEN ONSET AND DEATH 3 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							4201		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus - Essential hypertension							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 <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 March 1, 1957 to Dec 27, 57 and last saw her alive on Dec 27, 1957 Death occurred at 7:35 P. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Joseph F. Welker MD			22b. ADDRESS 836 Prof Bldg. K. C. 6 Mo			22c. DATE SIGNED 12/28/57			
23a. BURIAL, CREMATION, <input checked="" type="checkbox"/> DATE DEC-29-1957		23c. NAME OF CEMETERY OR CREMATORY HOWE CEMETERY		23d. LOCATION (City, town, or county) AT OMAHA NEBRASKA		(State)			
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BUSH CREEK KANSAS CITY, MO.			25. DATE RECD. BY LOCAL REG. 12-28-57		26. REGISTRAR'S SIGNATURE Yvonne Marshall				

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION. Joseph F. Welker

(Licensed Embalmer's Statement on Reverse Side)

192 Walker

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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 *Le P. Telson*

Licensed Embalmer No. *4421*

P. O. Address *Kansas City, Mo.*

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.