

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021289

FILED JUN 17 1959 Registration District No. 149 Primary Registration District No. 1007 STATE FILE NUMBER 2603 Registrar's No. 2603

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-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) 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			Length of stay in lb 35 yrs		d. STREET ADDRESS 5112 Paseo		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) LEON CUMMINGS				4. DATE OF DEATH Month May Day 24 Year 1959				
5. SEX Male	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 June 4, 1888		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Livestock Commission			10b. KIND OF BUSINESS OR OCCUPATION Warren Cummings Livestock Commission		11. BIRTHPLACE (City and state or country) Howe, Nebraska		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME George Cummings			13b. MOTHER'S MAIDEN NAME Unknown Thummel			14. NAME OF HUSBAND OR WIFE Donna Barbara 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. 495-05-4755		17. INFORMANT Address Mrs. Donna Barbara Cummings, 5112 Paseo				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ant coronary infarct.							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) hypertension		DUE TO (c) Diabetes				
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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>								
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 2-21-59 to 5-24-59 and last saw him alive on 5-24-59 Death occurred at 5-24-59 m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE High A. Gestring (Deceased or title)			22b. ADDRESS 1920 E. 31st			22c. DATE SIGNED 5-26-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 27, 1959	23c. NAME OF CEMETERY OR CREMATORY Howe Nebraska Cemetery		23d. LOCATION (City, town, or county) (State) Howe, Nebraska			
24. FUNERAL DIRECTOR ADDRESS Melody-McGilley-Eylar Funeral Home Woodland-Linwood				25. DATE RECD. BY LOCAL REG. 5-26-59		26. REGISTRAR'S SIGNATURE Irene Minshall		

All diseases in Part I must be causally related.

High A. Gestring M. D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Dr. Keys featuring
1220 E 31

Ua 1-6400

12:00 - 5 PM

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 James W. Wair, Student Embalmer No. 4650 working under my personal supervision.

Student
Signature of Student Embalmer

Signed J. A. Pagan

Licensed Embalmer No. 7999
P. O. Address KC

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.