

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029441

FILED VS AUG 25 1959 50

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 185

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lee's Summit	Length of stay in 1b 25 Yrs.	c. CITY OR TOWN Lee's Summit	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 414 So. Douglas		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last James Edward Cummins			4. DATE OF DEATH Month Day Year Aug. 18 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 11/4/1877	9. AGE (last birthday) 81	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Barber Shop	11. BIRTHPLACE (City and state or country) New Mexico	12. CITIZEN OF WHAT COUNTRY U S A		
13a. FATHER'S NAME Thomas J. Cummins		13b. MOTHER'S MAIDEN NAME Nancy Lewis		14. NAME OF HUSBAND OR WIFE Laura Cummins		

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. 486-36-8328	17. INFORMANT Address Laura Cummins Lee's Summit Mo.
---	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 2 Yr.
IMMEDIATE CAUSE (a)	Coronary Thrombosis	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic heart disease	
DUE TO (c)		0 Yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

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 a.m. p.m. Month, Day, Year		
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 **4-25-1958** to **8-18-59** and last saw him alive on **8-18-59**
Death occurred at **8-18-59 6:00 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Declarer or 20b) Clint R Miller MD	22b. ADDRESS Lee's Summit Mo	22c. DATE SIGNED 8/18/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/20/1959	23c. NAME OF CEMETERY OR CREMATORY Blue Springs
24. FUNERAL DIRECTOR ADDRESS Langsford Funeral Home Lee's Summit Mo.		23d. LOCATION (City, town, or county) (State) Blue Springs Mo.
25. DATE RECD. BY LOCAL REG. Aug. 18-59		26. REGISTRAR'S SIGNATURE W B Langsford

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W B Langford

Licensed Embalmer No. 383

P. O. Address Lee's Summit

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.

AUG 27 1956