

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015811

FILED VS MAY 5 1960

157

Primary Registration District No. 3028

Registrar's No. 94

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Length of stay in 1b 12 Hrs.		c. CITY OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune Brooks Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 504 Clevenger			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Harry Middle O. Last Cummins				4. DATE OF DEATH Month April Day 23 Year 1960						
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 3-31-1880	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Oil Chem.		11. BIRTHPLACE (City and state or country) Ft. Recovery, Ohio		12. CITIZEN OF WHAT COUNTRY U. S. A.			
13a. FATHER'S NAME Unk			13b. MOTHER'S MAIDEN NAME Unk			14. NAME OF HUSBAND OR WIFE Pearl Adams 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. 515003-5191		17. INFORMANT Address Mrs. H. O. Cummins, Carthage, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leucemia, Bronchogenic								INTERVAL BETWEEN ONSET AND DEATH 6 mo		
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) Arteriosclerosis Heart Disease						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 Nov 5 1959 to 4-23-60 and last saw her/him alive on Apr 22, 1960 Death occurred at 4:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE George H. Wood M.D. (Degree or title)				22b. ADDRESS Carthage Mo.				22c. DATE SIGNED 4/23/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-25-60	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery		23d. LOCATION (City, town, or county) Carthage, Mo. (State)					
24. FUNERAL DIRECTOR Ulmer Funeral Home, Carthage, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 4-25-60		26. REGISTRAR'S SIGNATURE Ed Clenton				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 5, 1960

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 Don Hausch Permit 4
Student Embalmer No.

working under my personal supervision

Student Don R. Hausch Signed Edwin S. Thomas
Signature of Student Embalmer

Licensed Embalmer No. 495

P. O. Address Cartersville

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.