URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 24 1960

-60-039169

STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. — Registrar's No. 236

NDED

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clearmont — Length of stay in 1b: 2 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallin Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Nodaway
c. CITY OR TOWN Maryville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First MARK Middle C. Last CUMMINGS
4. DATE OF DEATH: Month 10 Day 17 Year 60
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 8/22/78
9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General laborer - retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Allentown, Pa.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Mark Cummings
13b. MOTHER'S MAIDEN NAME: Jennie M, McClelland
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 500-07-4987
17. INFORMANT Address: Mrs. T. A. Parish, Maryville, Mo.

MEDICAL CERTIFICATION

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
IMMEDIATE CAUSE (a)	Medullary Paralysis	minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Thrombotic Encephalomalacia and Prolonged recumbency.	months
DUE TO (c)	Arteriosclerosis	Years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Parkinsonism, old fractured right hip, ch. cholecystitis.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Sep. 21, 1958, to 10/17/60 and last saw XXX him alive on Sep. 3, 1960
Death occurred at 2:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] D. O.
22b. ADDRESS: Elmo, Missouri
22c. DATE SIGNED: 10-19-60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 10/19/60
23c. NAME OF CEMETERY OR CREMATORY: Miriam
23d. LOCATION (City, town, or county) (State): Maryville, Missouri

24. FUNERAL DIRECTOR ADDRESS: Price Funeral Home, Maryville, Mo.
25. DATE RECD. BY LOCAL REG.: 10 21 60
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Jon W. Price

Signature of Student Embalmer

Licensed Embalmer No. 4281

P. O. Address Maryvil

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