

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009618
STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. 5664 Registrar's No. 20

AMENDED

FILED VS MAR 15 1961

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Williamstown Mo</u>		c. CITY OR TOWN <u>Williamstown Mo</u>	
Length of stay in lb <u>12 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u></u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>George</u> Last <u>Cummins</u>			4. DATE OF DEATH <u>March 6 - 1961</u> Month <u>March</u> Day <u>6</u> Year <u>1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/17/1892</u>	9. AGE (last birthday) <u>68</u>	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) <u>Selling</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern Owner</u>		11. BIRTHPLACE (City and state or country) <u>Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Cummins</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Pawling</u>		14. NAME OF HUSBAND OR WIFE <u>Hazel Cummins</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u>Mrs. Hazel Cummins</u> Address <u>Williamstown Mo</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Throat</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>		
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 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 <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>	

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 <u>Williamstown Mo</u>	COUNTY <u>Lewis</u>	STATE <u>Mo</u>
21. I attended the deceased from <u>Oct 15 1960</u> to <u>Mar 6</u> and last saw ^{her} him alive on <u>Mar 5 1961</u> Death occurred at <u>6:30</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Dr C E Todd</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Williamstown Mo</u>	22c. DATE SIGNED <u>3/6/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>March 8 - 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Williamstown Cemetery</u>	23d. LOCATION (City, town, or county) <u>Lewis Mo</u>

24. FUNERAL DIRECTOR <u>Oliver Yutting</u> ADDRESS <u>Kahoka Mo</u>	25. DATE RECD. BY LOCAL REG. <u>3-9-61</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Henry Lloyd</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

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 Chris L. Gutting

Licensed Embalmer No. 2965

P. O. Address Kennerly

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.