

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030916

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3953

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 20 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Crawford	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 4 weeks	c. CITY OR TOWN Pittsburg Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 304 North Miles Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JAMES J. CUMISKEY			4. DATE OF DEATH Month Day Year July 31 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-2-78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Weigh Master		10b. KIND OF BUSINESS OR INDUSTRY Western Coal Co.	11. BIRTHPLACE (City and state or country) Scotland
13a. FATHER'S NAME Peter Cumiskey		13b. MOTHER'S MAIDEN NAME Elizabeth Barry	14. NAME OF HUSBAND OR WIFE Elizabeth Cumiskey
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. [REDACTED]	17. INFORMANT Address Katherine Simion, Prairie Village Ks
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 2 days
DUE TO (b) atherosclerosis			yours
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension			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 1958 to 7-31-62 and last saw her/him alive on 7-31-62 . Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William Lowe Mundy M.D.		22b. ADDRESS 4643 Myranclott	22c. DATE SIGNED 8-1-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-31-1962	23c. NAME OF CEMETERY OR CREMATORY St. Mary's	23d. LOCATION (City, town, or county) (State) Pittsburg Kansas
24. FUNERAL DIRECTOR ADDRESS Wagner Funeral Home, K.C. Mo.		25. DATE RECD. BY LOCAL REG. 8-1-62	26. REGISTRAR'S SIGNATURE Ruth Long

VS 300 Rev. 4/59

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DATE AMENDED
INSTEAD OF
DOCUMENT
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

William Lowe Mundy MEDICAL CERTIFICATION

SEP 7 1962

Dr. William Munday
1043 Wyandotte
Mc. 1-1608 Room 306

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 Alvin R. Haenschell

Licensed Embalmer No. 4159

P. O. Address Y. C. Mo.

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.