

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037460

STATE FILE NUMBER

Registration District No. 379 Primary Registration District No. 4553 Registrar's No. 72

FILED OCT 15 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59
11140
21120
3
4 0
5 1
6
7 1
8 0
9331X
10
11
121-2
133-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>MANFIELD</u>		Length of stay in 1b <u>4 DAYS</u>	c. CITY OR TOWN <u>SEYMOUR</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MANFIELD HOSP</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>SEYMOUR</u>
3. NAME OF DECEASED (Type or print) First <u>JOE</u> Middle <u>J.</u> Last <u>Cummins</u>			4. DATE OF DEATH Month <u>10</u> - Day <u>8</u> - Year <u>62</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>APRIL 1 1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>80</u>
13a. FATHER'S NAME <u>WILSE Cummins</u>		13b. MOTHER'S MAIDEN NAME <u>LUCELDIA HAGGARD</u>	11. BIRTHPLACE (City and state or country) <u>LOUISVILLE KENTUCKY</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
17. INFORMANT <u>MRS. BESSIE MYERS SEYMOUR, MO</u>		14. NAME OF HUSBAND OR WIFE	
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>Acute Meningeal Serous Hemorrhage</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <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 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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>SEYMOUR</u>
21. I attended the deceased from <u>10/24/62</u> to <u>10/8/62</u> and last saw ^{her} _{him} <u>alive on 10/8/62</u> Death occurred at <u>8:15 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <u>SEYMOUR</u>	
22a. SIGNATURE <u>J. R. Gill</u> (Degree or title)		22c. DATE SIGNED <u>10/9/62</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10-10-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>RUSH</u>	23d. LOCATION (City, town, or county) <u>WEBSTER Co., MO.</u>
24. FUNERAL DIRECTOR <u>Robert Bergman Seymour, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10/9/62</u>	26. REGISTRAR'S SIGNATURE <u>Stan Ruchowicz</u>

USE BLACK INK OR TYPEWRITER RIBBON

OCT 17 1962

Permit # 71

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 Max L Miller

Licensed Embalmer No. 4720

P. O. Address Manfield 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.