

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023998

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 3046
FILED JUL 9 1962

Primary Registration District No. 3046

Registrar's No. 42

VS 300
Rev. 4/59

1 0681

2 0681

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9 540.0

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12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Moniteau			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN California, Mo-Walker				Length of stay in 1b 3 Yrs		c. CITY OR TOWN California, Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home-California, Mo				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Gen Del	
3. NAME OF DECEASED (Type or print) First Arley Middle Leon Last Cummings				4. DATE OF DEATH Month June Day 25 Year 1962			
5. SEX Male		6. COLOR OR RACE Colored		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/24/10	
9. AGE (last birthday) 52		IF UNDER 1 YEAR Months 52		IF UNDER 24 HR Days 52 Hours 52 Min. 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taylor	
11. BIRTHPLACE (City and state or country) Moniteau Co U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Alex Cummings		13b. MOTHER'S MAIDEN NAME Loyce Hale	
14. NAME OF HUSBAND OR WIFE None		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. 490-24-2690		17. INFORMANT Loyce Roland-California, 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) Bleeding Peptic Ulcer DUE TO (b) 3 days DUE TO (c) Chronic valvular heart disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic valvular 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 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 6-22-62 Month, Day, Year 6-25-62 a.m. 1/45 p.m.		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.) California		20f. CITY, TOWN, OR LOCATION Moniteau Mo	
21. I attended the deceased from 6-22-62 to 6-25-62 and last saw him alive on 6-25-62 Death occurred at 1/45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE R. J. Feller (Degree or title) 440		22b. ADDRESS California, Mo		22c. DATE SIGNED 6-27-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/28/62		23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) (State) California, Mo	
24. FUNERAL DIRECTOR Bowlin Funeral Home-California, Mo		25. DATE RECD. BY LOCAL REG. 6-29-62		26. REGISTRAR'S SIGNATURE Allen Papey			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

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 Jack H. Bowlin

Licensed Embalmer No. 4933

P. O. Address California, 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.