

FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24318

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

80
46

BIRTH NO. _____		REG. DIST. NO. <u>274</u>	PRIMARY REG. DIST. NO. <u>3052</u>	Registrar's No. <u>237</u>
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>416 East 12th</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rothwell Hospital</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>FORREST</u> b. (Middle) <u>CHARLES</u> c. (Last) <u>RUMSEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 4, 1907</u>	
9. AGE (In years last birthday) <u>42</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shipping clerk</u>	11. BIRTHPLACE (State or foreign country) <u>Georgetown, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>James William Rumsey</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Burnett</u>		14. NAME OF HUSBAND OR WIFE <u>Lorraine E. Rumsey</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WW 11 491-07-4787</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lorraine E. Rumsey, Sedalia, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia.</u> ANTECEDENT CAUSES Chronic Myocarditis. Coronary Sclerosis. None other. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 day.</u> <u>5 years.</u> <u>5 years.</u> <u>42 2 1/2</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>Medical treatment only.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Over 5 years</u> , 19 <u>49</u> , to <u>July 14th</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 14th</u> 19 <u>49</u> , and that death occurred at <u>8:15 AM.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u>			23b. ADDRESS <u>2515 Sedalia, Missouri.</u>	
23c. DATE SIGNED <u>7-15-49.</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 16, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri.</u>				
DATE REC'D BY LOCAL REG. <u>7-16-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. J. Beckhart, Sedalia, Mo.</u>

RECEIVED JUL 18

District Health Officer No. 8,

District File Number _____

Date Filed 7-19-49

MAR 11 1950

JUL 26 1949

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.

Signed Frank S Coffman Jr

Signed _____
Student Embalmer

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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 this body is not embalmed, fact should be so stated above.