

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22734

No. 300  
10-48

FILED AUG 9 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5108 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural, Williams</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Windsor 0421</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>304 S. Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RED, Cole Camp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Richard</u> c. (Last) <u>Rumans</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 4, 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>August 30, 1900</u>		9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>5</u>	
IF UNDER 1 HRS. Hours <u>5</u> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Line &amp; Serviceman Electric Power Co., Fayette, Missouri</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>USA</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>James Warren Rumans</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret McKinzie</u>		14. NAME OF HUSBAND OR WIFE <u>Virginia Dyer Rumans</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>486-09-9987</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Virginia Rumans, Windsor, Mo.</u>	
ADDRESS					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Electrocuted while at work accidentally come in contact with 4180 Volts Electric Current</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				89143	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>008</u>						8	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--	---	--

21a. ACCIDENT (Specify) <u>Sub Station Collision Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Sub Station Cole Camp</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Went Williams Benton, Mo</u>	
--	--	--	--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 4 50 2:00 p.m.</u>			21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>accidentally come in contact with 4180 Volts Electric Current</u>	
---	--	--	--	--	--	--

22. I hereby certify that I attended the deceased from never, 19\_\_\_, to never, 19\_\_\_, that I last saw the deceased alive on never, 19\_\_\_, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R.W. Morland Coroner</u>		23b. ADDRESS <u>7 rd. Cole Camp, Mo.</u>		23c. DATE SIGNED <u>8-5-50</u>	
---	--	---	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-7-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Mo.</u>	
--	--	----------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <u>Aug 5 1950</u>		REGISTRAR'S SIGNATURE <u>R. L. Eckroff</u>		394		25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston-Jarvis, Windsor, Mo.</u>		ADDRESS	
---	--	---	--	-----	--	--	--	---------	--

(Licensed Embalmer's Statement on Reverse Side)

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

0080

SEP 18 1950

MAR 4 1952

RECEIVED 8/8/50  
DISTRICT HEALTH OFFICE NO. 3  
District File Number \_\_\_\_\_  
Date Filed 8/8/50

FEB 18 1953

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 \_\_\_\_\_  
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.