

FILED DEC 4 1950

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

36266

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1334

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 18 yrs.		d. STREET ADDRESS (If rural, give location) 2218 1/2 Dewey Ave.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital.			

3. NAME OF DECEASED (Type or Print) a. (First) Louise b. (Middle) Barbara c. (Last) Tumlin			4. DATE OF DEATH (Month) (Day) (Year) November 26, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Febr. 15, 1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Newport, Kentucky. /		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Schmitz		13b. MOTHER'S MAIDEN NAME Christiana Sophia Hermann		14. NAME OF HUSBAND OR WIFE William Lee Tumlin	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Sophia West St. Joseph, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinoma of Cervix & Uterus		DUPLICATE			Unknown
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
DUPLICATE		DUE TO (b) Secondary Infection of above Lesion			Unknown
DUPLICATE		DUE TO (c) XXXXXXXXXX			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			17. IX
DUPLICATE		XXXXXXXXXX			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUPLICATE		XXXXXXXXXX			

21a. ACCIDENT SUICIDE HOMICIDE (Specify) XXXXXX		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXXXXX		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) XXXXXX	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) XXXXXX		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> XXXXXX		21f. HOW DID INJURY OCCUR? XXXXXX	

22. I hereby certify that I attended the deceased from Nov. 20, 1950 to Nov. 26, 1950, that I last saw the deceased alive on Nov. 25, 1950 and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Walter Meierhoffer MD.</i> (Degree or title) (1)		23b. ADDRESS The Tootle Building St. Joseph, Missouri		23c. DATE SIGNED 11-28-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE Nov. 28, 1950		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.	
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DATE REC'D BY LOCAL REG. Nov. 29, 1950		REGISTRAR'S SIGNATURE <i>Carl C. Casper</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Walter Meierhoffer</i> St. Joseph, Mo.	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

117 0

DEC 22 1950

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, ~~of~~ *****

working under my personal supervision.

Student Embalmer No. *****

Signed *Albert C. Harrington*

Signed..... *** *****
Student Embalmer

Licensed Embalmer No. 3258 MISSOURI.

P. O. Address St. Joseph, Missouri.

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.