

FILED MAY 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 12171

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5429 Registrar's No. 9

360
1

I. PLACE OF DEATH
 a. COUNTY Franklin
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leslie Mo. **C. LENGTH OF STAY (In this place)** Life
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leslie Mo. 1360
 d. FULL NAME OF HOSPITAL OR INSTITUTION _____ d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED (First) Flavius (Middle) A (Last) Rumbuhl **4. DATE OF DEATH** (Month) Apr (Day) 17 (Year) 1951

5. SEX M. **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** Oct 2, 1896 **9. AGE** (In years last birthday) 54 (Months) 6 (Days) 15 (If under 1 year) (If under 1 hour) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rural mail carrier **10b. KIND OF BUSINESS OR INDUSTRY** _____ **11. BIRTHPLACE** (State or foreign country) Leslie Mo **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Adolf Rumbuhl **13b. MOTHER'S MAIDEN NAME** Jada Rummert **14. NAME OF HUSBAND OR WIFE** Guelle F Rumbuhl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, state year or dates of service) Yes World War I, May 4 1917 to April 1918 **16. SOCIAL SECURITY NO.** _____ **17. INFORMANT'S SIGNATURE OR NAME** Guelle F Rumbuhl **ADDRESS** Leslie Mo

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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
 ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic Cardiac Vasculature Disease
 DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 7 Mo
1 yr

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** _____ 4221

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from 1-26, 1951, to 4-17, 1951, that I last saw the deceased alive on 4-7, 1951, and that death occurred at 8:20 A m., from the causes and on the date stated above.

23a. SIGNATURE B. A. Stehlsman (Degree or title) M.D. **23b. ADDRESS** Union Mo **23c. DATE SIGNED** 4-18-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** April 20 1951 **24c. NAME OF CEMETERY OR CREMATORY** Leslie M. Co. **24d. LOCATION** (City, town, or county) (State) Leslie Mo.

DATE REC'D BY LOCAL REG. 4-19-51 **REGISTRAR'S SIGNATURE** J. H. Matthews **95** **25. FUNERAL DIRECTOR'S SIGNATURE** E. H. Semme **ADDRESS** Beaufort Mo

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 2 1951

RECEIVED

MAY 2 1951

MAY 29 1951

MAY 8 1951

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 _____

E. H. Jenne

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *E. H. Jenne*

Licensed Embalmer No. *3076*

P. O. Address *Beaufort 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.