

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

43200

FILED JAN 10 1952

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State File No. 11247

11247

Registrar's No. 11247

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 11247	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>57 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chaffee, Mo 8080</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Frisco Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>131 Frates</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Linville</u> c. (Last) <u>Mumma</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 15, 1951</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>Aug. 7, 1893</u>	
9. AGE (In years last birthday) <u>58 y</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rail Road - Supt. Sprio</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RR</u>		11. BIRTHPLACE (State or foreign country) <u>Warrsburg, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Franklin F. Mumma</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Estes</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Everitt Mumma</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wife Mrs Clara Mumma 131 Frates Chaffee, Mo</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strep. Bacterial Endocarditis with hypertension</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u>
		II. OTHER SIGNIFICANT CONDITIONS (b) (c) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H300</u>			
22. I hereby certify that I attended the deceased from <u>Oct 18, 1951</u> , to <u>Dec 15, 1951</u> , that I last saw the deceased alive on <u>Dec 15, 1951</u> , and that death occurred at <u>6:30 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Norman Miller MD</u>				23b. ADDRESS <u>4960 haledale</u>		23c. DATE SIGNED <u>12-15-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-15-51</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Chaffee, Mo</u>	
DATE REC'D BY LOCAL REG. <u>DEC 19 1951</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowlands - 4104. Manchester</u>			

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

JAN 21 1937

JAN 22 1937

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 V E Morris

Licensed Embalmer No. 3360

P. O. Address St. Louis, 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.