FILED DEC 22 1951

.S. No. 300
EV. 10-48

1140

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 43914

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6284 Registrar's No. 43

**1. PLACE OF DEATH**
a. COUNTY: Wright
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Montgomery
c. LENGTH OF STAY (in this place): 39 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Wright
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Montgomery Twp. 1140
d. STREET ADDRESS (If rural, give location): 3 mi. N. East St. George

**3. NAME OF DECEASED** (Type or Print)
a. (First): Mary
b. (Middle): Alice
c. (Last): Rumfelt

**4. DATE OF DEATH** (Month) (Day) (Year): 10 - 9 - 1951

**5. SEX**: F
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 6-14-1893
**9. AGE** (In years last birthday): 58 — If under 1 year: Months 3, Days 25 — 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**:
**11. BIRTHPLACE** (State or foreign country): Rose, Kansas
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: William Washburn
**13b. MOTHER'S MAIDEN NAME**: Julia Driscol
**14. NAME OF HUSBAND OR WIFE**: Alf Rumfelt

**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: A. W. Rumfelt St. George, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Gall Bladder

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
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

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 155 X
**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)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**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 _____, 19__, to _____, 19__, that I last saw the deceased Oct alive on 9 ~~Dec~~, 1951, and that death occurred at 3:00 P. m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Paul A. Jenkins MD
**23b. ADDRESS**: Johnson Mo
**23c. DATE SIGNED**: 13 Dec 51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 12-12-1951
**24c. NAME OF CEMETERY OR CREMATORY**: Cold Water Cem.
**24d. LOCATION** (City, town, or county) (State): Wright County, Mo.

DATE REC'D BY LOCAL REG.: 12/20/51
REGISTRAR'S SIGNATURE: B. Garner 346
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Gene E. Holden Hartville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

WRIGHT CO. HEALTH DEP

County File Number 1251-126

Date Filed Dec 23 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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Gene E. Haldren

Licensed Embalmer No. 3865

P. O. Address Hartville, 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.