S. No. 300
v. 10.48

FILED APR 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9210

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5814 Registrar's No. 5

5710
1

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

1. PLACE OF DEATH
a. COUNTY: MORGAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Buffalo, Twp.
c. LENGTH OF STAY (in this place): 7 MONTHS
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: Missouri
b. COUNTY: MORGAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - Buffalo Twp. 1710
d. STREET ADDRESS (If rural, give location): 6 Mi. S. of Gravois Mills

3. NAME OF DECEASED (Type or Print)
a. (First): HANSEENA
b. (Middle): RUMMENS
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Apr 5-1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: Nov 30-1879
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 4 Days 16 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): NORWAY 4
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: HANS BROVOLD
13b. MOTHER'S MAIDEN NAME: ALETTH ENGER
14. NAME OF HUSBAND OR WIFE: JOHN RUMMENS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs James Eddy - St Rt - Versailles, 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): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cerebral Thrombosis — 2 weeks
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Rheumatoid arthritis — 20 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 332X
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* December, 1951, *to* April, 1952, *that I last saw the deceased alive on* April 4, 1952 *and that death occurred at* 8 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack Timm MD
23b. ADDRESS: Versailles, Mo.
23c. DATE SIGNED: 4.7.52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: Apr 8 '52
24c. NAME OF CEMETERY OR CREMATORY: Galt Cemetery
24d. LOCATION (City, town, or county) (State): Galt (Wright Co.) Iowa

DATE REC'D BY LOCAL REG.: April 10th 1952
REGISTRAR'S SIGNATURE: Jean L. Ripperger 2120
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: W. F. Kidwell - Versailles, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 L. Dattram

Licensed Embalmer No. 4021

P. O. Address Versailles, 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.