

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **20916**
 Registrar's No. **107**

BIRTH NO. **150 JUL 15 1952** REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **3127**

3492

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

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. LENGTH OF STAY (In this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		d. STREET ADDRESS (If rural, give location) 30 South Main St.
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital			4. DATE OF DEATH (Month) (Day) (Year) July 7, 1952		
3. NAME OF DECEASED (Type or Print) OMA PUMMELL			5. SEX Female		
a. (First)	b. (Middle)	c. (Last)	6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH November 20, 1908	9. AGE (In years last birthday) 43	If UNDER 1 YEAR: Months 7 Days 17	If UNDER 1 HR. Hours Min. 	11. BIRTHPLACE (City and State or Foreign Country) no data 9	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME David Tailor		13b. MOTHER'S MAIDEN NAME Lucy Fisher		14. NAME OF HUSBAND OR WIFE Frank Pummell	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Pummell Webb City, Missouri	
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Abdominal Aortic		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 4222		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 19, 1952 to July 7, 1952 , that I last saw the deceased alive on July 7, 1952 , and that death occurred at 10:30 p.m. from the causes and on the date stated above.					
23a. SIGNATURE Mrs. Helen J. ... (Degree or title) D.O.			23b. ADDRESS 924 N. Dayhart St. W.C.		23c. DATE SIGNED 7/8/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 10, 1952	24c. NAME OF CEMETERY OR CREMATORY Linley Prairie Cem.		24d. LOCATION (City, town, or county) (State) Painterville, Missouri
DATE REC'D BY LOCAL REG. 7-9-52		REGISTRAR'S SIGNATURE Mrs. Madeline Suter 4740		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedge Lewis Webb City, Missouri	

RECEIVED 7/14
Jasper County Health Office

County File Number 551

Date Filed 7/14/52

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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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City 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.