S. No. 300
v. 10.46

FILED NOV 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38491

BIRTH NO. / REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5550 Registrar's No. 54

460 / 1

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY OR TOWN Cureall (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (In this place) 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Benton Inst.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Howell
c. CITY OR TOWN Cureall (If outside corporate limits, write RURAL and give township) 0460
d. STREET ADDRESS R 2 (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Thurlow
b. (Middle) Jackson
c. (Last) Rumwalt

4. DATE OF DEATH (Month) (Day) (Year) 10-30-52

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M
8. DATE OF BIRTH 8-6-1890
9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months 2 Days 24 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Barber
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Patterson Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Rumwalt
13b. MOTHER'S MAIDEN NAME Louisa Cox
14. NAME OF HUSBAND OR WIFE Ethel Rumwalt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 440-12-0564
17. INFORMANT'S SIGNATURE OR NAME Ethel Rumwalt ADDRESS Cureall 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) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
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 alive on _____, 19__, and that death occurred at 6:00 A m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] M.D. (Degree or title) Coroner
23b. ADDRESS Howell Co West Plains, Mo
23c. DATE SIGNED 11-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Bu
24b. DATE 11-2-52
24c. NAME OF CEMETERY OR CREMATORY Patterson
24d. LOCATION (City, town, or county) (State) Patterson Mo

DATE REC'D BY LOCAL REG. 11-14-52
REGISTRAR'S SIGNATURE 319-1 Beatrice Cook
25. FUNERAL DIRECTOR'S SIGNATURE Roberts Matthews ADDRESS Mo

(Licensed Embalmer's Statement on Reverse Side)

Coroner

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

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 L. D. Roberts

Licensed Embalmer No. 342

P. O. Address West Plains 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.