

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

FILED NOV 12 1953

State File No. **36371**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 159

<b>I. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Laclede</u>		a. STATE <u>Mo.</u>	b. COUNTY <u>Laclede</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memo. Hosp.</u>		<u>320 Harwood Ave.</u>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First): <u>Mary</u>	b. (Middle): <u>Catherine</u>	c. (Last): <u>Mumford</u>	<u>Oct. 31 1953</u>		
<b>5. SEX</b>		<b>6. COLOR OR RACE</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)	
<u>F</u>		<u>W</u>		<u>Widowed</u>	
<b>8. DATE OF BIRTH</b>			<b>9. AGE</b> (In years last birthday)		
<u>Dec. 1 1872</u>			<u>80</u>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country)	
<u>At home</u>				<u>Oakland Laclede Co. Mo.</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b>			<u>U.S.A.</u>		

<b>13a. FATHER'S NAME</b>		<b>13b. MOTHER'S MAIDEN NAME</b>		<b>14. NAME OF HUSBAND OR WIFE</b>	
<u>Robt. Blickensderfer</u>		<u>Marv Ross</u>		<u>Russell Mumford</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b>	
<u>No</u>				<u>Miss. Nellie Mumford Lebanon Mo.</u>	

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary insufficiency</u>			<u>2 days</u>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Fibrillation</u>			<u>2 days</u>
DUE TO (c) <u>Valvular heart disease</u>		<u>10 years</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.				

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b>	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
				<u>4214</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)			<b>21e. INJURY OCCURRED</b>		
			WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
<b>21f. HOW DID INJURY OCCUR?</b>					

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1950, to Oct. 31, 1953, that I last saw the deceased alive on Oct. 30, 1953, and that death occurred at 5:45 A.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title)		<b>23b. ADDRESS</b>		<b>23c. DATE SIGNED</b>	
<u>W. Carrington M.D.</u>		<u>Lebanon, Mo.</u>		<u>11-2-53</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)		<b>24b. DATE</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b>	
<u>Burial</u>		<u>Nov. 2 1953</u>		<u>Oakland Moravian</u>	
				<u>Laclede Co. Mo.</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b>		<b>ADDRESS</b>			
<u>Nellie L. Hays</u>		<u>424 Babers Lebanon Mo.</u>			
<b>DATE REC'D BY LOCAL REG.</b>					
<u>11-3-1953</u>					

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

Received ..... NOV 7 1953  
..... Toledo County Health Unit  
File No. 11-52-163  
Date Filed ..... NOV 10 1953

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed..... *S. P. Palmer*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2208

P. O. Address..... *Libanon, 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.