

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37972**

FILED OCT 26 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **6093** Registrar's No. **200**

0920

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Marshall TWP</b>		c. LENGTH OF STAY (In this place) <b>19 yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5 Mi. N.E. Marshall</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Marshall TWP</b> <b>0920</b>	
		d. STREET ADDRESS (If rural, give location) <b>5 Mi. N.E. Marshall</b> <b>0</b>	

3. NAME OF DECEASED (Type or Print) <b>FRANK MARION GUMM</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT 22 1953</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Owner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		8. DATE OF BIRTH <b>Feb. 4th, 1867</b>	
				9. AGE (In years last birthday) <b>86</b>	
				11. BIRTHPLACE (State or foreign country) <b>Louisville, Ky.</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Thomas G. Gumm</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Ann Bush</b>		14. NAME OF HUSBAND OR WIFE <b>Bertha Ellen Gumm</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs F. M. Gumm</b>	
				ADDRESS <b>Marshall, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
		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			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 **Sept 20, 1953**, to **Oct 22, 1953**, that I last saw the deceased alive on **Oct 22, 1953**, and that death occurred at **6:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>James A. Reed</b>		23b. ADDRESS <b>Marshall Mo.</b>		23c. DATE SIGNED <b>10-23-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-25-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Mem. Gardens</b>		24d. LOCATION (City, town, or county) (State) <b>Marshall, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>Oct 23 1953</b>		REGISTRAR'S SIGNATURE <b>Sidney J. Gray</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Harry Horschbeger</b>		ADDRESS <b>Marshall, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

27 100

FEB 24 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Joseph R. Mackler  
Licensed Embalmer No. 4571

P. O. Address Marshall, 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.