No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39262
5377

FILED DEC 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
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): 5312 Highland

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: Los Angeles
c. CITY OR TOWN: Pasadena
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 3781 East Green Street 804 8

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Ellen
c. (Last): Rumsey

4. DATE OF DEATH (Month) (Day) (Year): November 12, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 4/16/1870
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months ___ Days ___ — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic-AT HOME
11. BIRTHPLACE (City and State or Foreign Country): Waukesha, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Castle
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR ~~WIFE~~: Truman J. Rumsey (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. E. O. Ross, 5312 HIGHLAND AVE Kansas 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the tongue — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with Metastasis to neck — 3 mons
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 141X

19a. DATE OF OPERATION: Aug. 1953.
19b. MAJOR FINDINGS OF OPERATION: Metastatic Carcinoma in lymph nodes
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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* July, 1953, *to* Nov. 12, 1953, *that I last saw the deceased alive on* Nov. 12, 1953, *and that death occurred at* 2:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE E. Kip Robinson MD (Degree or title): E. Kip Robinson MD
23b. ADDRESS: 1228 Professional Bldg.
23c. DATE SIGNED: Nov. 12 53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: Nov. 13 1953
24c. NAME OF CEMETERY OR ~~CREMATORY~~: MOUNTAIN VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): PASADENA CALIFORNIA

DATE REC'D BY LOCAL REG.: 11-13-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: D. H. Quiesenberry Sons
ADDRESS: 1331 BROOSH CREEK KANSAS CITY, 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 embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Rollie Kessel

Licensed Embalmer No. 46.90

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.