

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

**8003**

State File No. \_\_\_\_\_

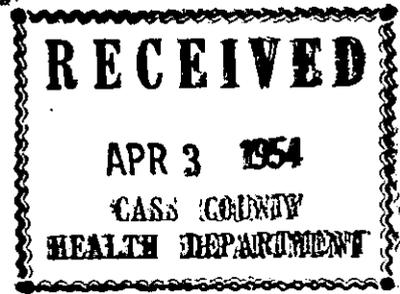
No. 300  
10-48

**FILED APR 5 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 50

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

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Archie, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>north part of Town</u>		d. STREET ADDRESS (If rural, give location) <u>East part of town</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Rummerfield</u>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>3-20-1954</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>6-24-1887</u>
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm labor</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Kansas, Fame Co.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Issac Rummerfield</u>	
13b. MOTHER'S MAIDEN NAME <u>Unk.</u>		14. NAME OF HUSBAND OR WIFE <u>Orphia Rummerfield</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Charlotte Davis</u>		ADDRESS <u>Kansas City, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION <u>129 N. Lawn</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocardial failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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 _____		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) _____	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:00 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Sever Jander (Clerk)</u>		23b. ADDRESS <u>Pleasant Hill, Mo.</u>	23c. DATE SIGNED <u>3/23/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3-24-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Mar 28 1954</u>	REGISTRAR'S SIGNATURE <u>Nora Burward</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen Brownfield</u>	ADDRESS <u>Pleasant Hill, Mo.</u>



**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 *Allen Crossfield*

Licensed Embalmer No. *3785*

P. O. Address *Hessent Hill*

**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.