

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1047

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, write RURAL and give town) Springfield
c. LENGTH OF STAY (In this place) 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Rural
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) Springfield R.F.D. # 1

3. NAME OF DECEASED
a. (First) WILLIAM b. (Middle) ---- c. (Last) MUMFORD

4. DATE OF DEATH (Month) (Day) (Year)
November 14, 1954

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 10 June 1888

9. AGE (In years last birthday) 66 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) Merchant

10b. KIND OF BUSINESS OR INDUSTRY Gro. & Filling Sta. 11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jeremiah Mumford

13b. MOTHER'S MAIDEN NAME Mary Bloodsue

14. NAME OF HUSBAND OR WIFE Rilla Mumford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None

16. SOCIAL SECURITY NO. 491-05-2665

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rilla Mumford, Rt. 1, Springfield, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus
INTERVAL BETWEEN ONSET AND DEATH 24 hrs
ANTECEDENT CAUSES 6 mos
DUE TO (b) Carcinoma rectum
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 154X

19a. DATE OF OPERATION 5 Nov 54

19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma rectum - (abdominoperineal resection)

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)

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 3 Nov 1954, to 14 Nov 1954, that I last saw the deceased alive on 14 Nov 1954, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William M Wood M.D.

23b. ADDRESS 500 Holland Bldg.

23c. DATE SIGNED 15 Nov 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 17 Nov. 1954

24c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery

24d. LOCATION (City, town, or county) (State) Springfield, Missouri

DATE REC'D BY LOCAL REG. 11-17-54

REGISTRAR'S SIGNATURE Edith Williamson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred C. Plummer, Springfield, Missouri

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

FEB 20 1957

MAY 8 1965

MAY 3 1961

VS MAY 3 1961

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.....
Signature of Student Embalmer

Signed *Ralph A. Thiene*

Licensed Embalmer No...3681
Springfield,
P. O. Address..Missouri,....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.