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. **21003**

FILED AUG 2 - 1955

BIRTH NO. _____ REG. DIST. NO. 3002 PRIMARY REG. DIST. NO. 5037 Registrar's No. 148

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rual, Saltriver 3
c. LENGTH OF STAY (in this place): _____
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1½ Mi.N.Mexico Hghw.#15

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Audrain 004 3
c. CITY OR TOWN: Mexico
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 1
STREET ADDRESS (If rural, give location): 936 S. Davis St.

3. NAME OF DECEASED (Type or Print)
a. (First): LEON
b. (Middle): _____
c. (Last): RUMMANS Jr.

4. DATE OF DEATH (Month) (Day) (Year): July 29,55

5. SEX: Male 2
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: May 25,1936
9. AGE (In years last birthday): 19 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Mexico,Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Leon Rummans
13b. MOTHER'S MAIDEN NAME: Necell Gardner
14. NAME OF HUSBAND OR WIFE: _____

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.: 488-38-2269
17. INFORMANT'S SIGNATURE OR NAME: Necell Rummans, Mexico, Mo.
ADDRESS: _____

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) Dyspnea with lung Tbc deceased
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) died instantly from injuries
DUE TO (c) received in a one car Tractor
INTERVAL BETWEEN ONSET AND DEATH: _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death
Taylor wreck North of Mexico Mo.

19a. DATE OF OPERATION: _____
19b. MAJOR FINDINGS OF OPERATION: on Highway #15 from hemorrhage & shock
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway #15
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Salt River Audrain Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 29 53 10 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Crushed in Tractor Cab wreck 004
Killed in a Tractor Cab wreck

22. I hereby certify that I attended the deceased from Blood on July 29, 19 53, and that death occurred at 1 a m., from the causes and on the date stated above.

23a. SIGNATURE: L. C. Adams M.D. Coroner (Degree or title)
23b. ADDRESS: Mexico Mo
23c. DATE SIGNED: 7-29-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 1,55
24c. NAME OF CEMETERY OR CREMATORY: Elmwood
24d. LOCATION (City, town, or county) (State): Mexico,Mo.

DATE REC'D BY LOCAL REG.: July 30-1955
REGISTRAR'S SIGNATURE: Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE: Paul Houston Funeral Home
ADDRESS: Mexico,Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 5 1958

FEB 23 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph L. Huston Jr

Licensed Embalmer No. 4687

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.