

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013932

STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 69

S. 300
1-57
402

1. PLACE OF DEATH a. COUNTY Grandy			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Grandy		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 702 AVALON ST.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 702 AVALON		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Nettie Brook Rumbley			4. DATE OF DEATH Month Day Year MAY 30 1958		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 19, 1885	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days 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 Home	11. BIRTHPLACE (City and state or country) HAMBERG, IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George Jennings		13b. MOTHER'S MAIDEN NAME Sarah Dotson		14. NAME OF HUSBAND OR WIFE J.C. Rumbley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Ernest Rumbley Address Trenton, MO	
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of mouth					INTERVAL BETWEEN ONSET AND DEATH 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					144X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) mail		20f. CITY, TOWN, OR LOCATION COUNTY STATE mail	
21. I attended the deceased from Death occurred at Derlet 1957 to March 30 1958 and last saw her alive on Mar 29 1958 on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Oliver F. Duddy (Degree or title)			22b. ADDRESS Trenton, MO		22c. DATE SIGNED April 1st 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4/2/58	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cem		23d. LOCATION (City, town, or county) (State) Edinburg MO.
24. FUNERAL DIRECTOR J. Gordon Blackmore, Trenton, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 4-2-58	26. REGISTRAR'S SIGNATURE Gene Jaw	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

115
6

O.F. Duddy

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 *Harold L Rabuts*

Licensed Embalmer No. *4920*

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