

TRANSFERRED FROM

STANDARD CERTIFICATE OF DEATH

HERRIN HOSPITAL, Herrin, Illinois

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 12026

DECEASED DIED DEC 22 1958

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		c. CITY OR TOWN West Frankfort	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		8120 8 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Childrens		d. STREET ADDRESS (If outside, give location) R. R. #2	
Length of stay in 1b 10 1/2 hrs		32	
3. NAME OF DECEASED (Type or print) First Middle Last Danny Ray Rumsey			4. DATE OF DEATH Month Day Year Dec. 13, 1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12/11/58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Herrin, Illinois
13a. FATHER'S NAME Floyd Ray Rumsey		13b. MOTHER'S MAIDEN NAME Clara Walton	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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 Address Ida Toibb, 500 S. Kingshighway,
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-respiratory failure DUE TO (b) ? Cerebral anoxia DUE TO (c) Death trauma 767.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH life 2 days 2 days
19a. 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 WORK <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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 12/12/58 to 12/13/58 and last saw her alive on 12/13/58 Death occurred at 2:47 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Richard Harty M.D.		22b. ADDRESS Childrens Hospital	
22c. DATE SIGNED 12/13/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-15-58	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) West Frankfort Ill. (State)	
24. FUNERAL DIRECTOR UNION FUNERAL HOME		25. DATE RECD. BY LOCAL REG. DEC 15 '58	
ADDRESS West Frankfort ILL.		26. REGISTRAR'S SIGNATURE Pearl Smith MO	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Frank Protopoff*
Licensed Embalmer No. *4356*
P. O. Address *St. Louis 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.