

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000785
State File No.

JAN 19 1959

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>101</u> | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. <u>4</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Clinton Douglas</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Town Rural, Clinton twp.</u> | | c. LENGTH OF STAY (in this place) <u>3 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Town Rural, Clinton twp.</u> | | 0340 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) <u>7 mi. South of Cabool</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>HERMAN</u> | | b. (Middle) <u>MARK</u> | | c. (Last) <u>RUMMEL</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 15, 1959</u> | | 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced 3</u> | |
| 8. DATE OF BIRTH <u>Feb. 12, 1889</u> | | 9. AGE (in years last birthday) <u>69</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>janitor</u> | | 11. BIRTHPLACE (State or foreign country) <u>Kansas</u> | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>Augusta Rummel</u> | | 13b. MOTHER'S MAIDEN NAME <u>Helene</u> | | 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWI</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herman Rummel, Rt. 3, Cabool, Mo.</u> | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> <u>5 YEARS</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | | | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (Min.) | | 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 <u>7/1</u> , <u>1957</u> , to <u>1/15</u> , <u>1959</u> , that I last saw the deceased alive on <u>1/15</u> , <u>1959</u> , and that death occurred at <u>5:30p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>J. L. Spear</u> | | (Degree or title) <u>MD</u> | | 23b. ADDRESS <u>Cabool, Mo</u> | | 23c. DATE SIGNED <u>1/16/59</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | 24b. DATE <u>1-17-59</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Atwood Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Atwood, Kansas</u> | |
| DATE REC'D BY LOCAL REG. <u>1-16-59</u> | | REGISTRAR'S SIGNATURE <u>Leatal Bushman</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hestrey F.H. Cabool Mo.</u> | | | |

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

JAN 28 1956

MAR 27 1956

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

James L. Gentry

Licensed Embalmer No.

4718

P. O. Address

Calool, 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 this body is not embalmed, fact should be so stated above.