

**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS OCT 19 1959

59-035950

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 172

ENDED

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Grundy</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton</u>                  |  | c. CITY OR TOWN <u>Trenton</u>  |  |
| Length of stay in 1b <u>11 years.</u>   |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>702 AVALON AVE</u> |  | d. STREET ADDRESS (If outside, give location) <u>2709 Chicago St.</u>   |  |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                 |  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |

|  |                               |  |   |  |                 |                             |  |
|--|-------------------------------|--|---|--|-----------------|-----------------------------|--|
| 3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Edward</u> Last <u>Rumbley</u>                    |                               |  | 4. DATE OF DEATH Month <u>Oct.</u> Day <u>11</u> Year <u>1959</u> |  |                 |                             |  |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>MAR 31, 1878</u>                              | 9. AGE (last birthday) <u>81</u>                                     | IF UNDER 1 YEAR | IF UNDER 24 HR              |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>          |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>   |   | 11. BIRTHPLACE (City and state or country) <u>Livingston Co. Mo.</u> |                 | 12. CITIZEN OF WHAT COUNTRY |  |
| 13a. FATHER'S NAME <u>Jackson Rumbley</u>  |                               | 13b. MOTHER'S MAIDEN NAME <u>Polly Ann Allen</u>   |   | 14. NAME OF HUSBAND OR WIFE <u>Nettie Rumbley (dec)</u>              |                 |                             |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> |                               | 16. SOCIAL SECURITY NO. <u>NONE</u>  |   | 17. INFORMANT Address <u>Ernest Rumbley Trenton, Mo.</u>             |                 |                             |  |

|  |  |  |
|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:                        |  | INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> |
| IMMEDIATE CAUSE (a) <u>Carcinoma of Left Lung</u>  |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ |  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |  |
|---|--|--|--|--|--|

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| 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 _____ a.m. _____ p.m. Month, Day, Year _____                          |   |  |  |  |  |

|  |  |   |        |       |
|--|--|---|--------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Jun 5th 1959</u> to <u>Oct 11th 1959</u> and last saw her <u>live on Oct 10th 1959</u> |  | Death occurred at <u>3 A.M.</u> on the date stated above and to the best of my knowledge, from the causes stated. |        |       |

|  |                               |   |   |                                       |
|--|-------------------------------|---|---|---------------------------------------|
| 22a. SIGNATURE <u>Oliver F. Duffy M.D.</u> (Degree or title)     |                               | 22b. ADDRESS <u>Trenton Mo</u>                          |   | 22c. DATE SIGNED <u>Oct 13th 1959</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>          | 23b. DATE <u>Oct 13, 1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Edinburg, Mo. 1959</u> |                                       |
| 24. FUNERAL DIRECTOR <u>Gordon Blackmar Trenton, Mo.</u> ADDRESS |                               | 25. DATE RECD. BY LOCAL REG. <u>10/13/59</u>            | 26. REGISTRAR'S SIGNATURE <u>Drene Jant</u>                             |                                       |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Oliver Duffy

(Licensed Embalmer's Statement on Reverse Side)

**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 Gordon Backman

Licensed Embalmer No. 4602  
P. O. Address Trenton, 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.