

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 5 1960

-60-042597

STATE FILE NUMBER

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 41

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Knox</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>KNOX</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>OR</u> TOWN <u>Colony</u>		Length of stay in 1b <u>Life</u>	c. CITY <u>OR</u> TOWN <u>Colony</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Ima</u> Middle <u>Mumford</u> Last <u>Mumford</u>			4. DATE OF DEATH Month <u>November</u> Day <u>27</u> Year <u>1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/5/1877</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>26</u> Days <u>22</u> Hours <u>00</u> Min. <u>00</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Knox County</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas Speer</u>		13b. MOTHER'S MAIDEN NAME <u>Racheal Haydon</u>		14. NAME OF HUSBAND OR WIFE <u>Harve Mumford</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>NO</u>	17. INFORMANT <u>Harve Mumford, Colony, Missouri</u> Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio-sclerotic heart disease grade IV</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>20 yrs</u>
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. <input type="checkbox"/> Yes <input checked="" 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 <u>1:30</u> a.m. <u>1:30</u> p.m.	Month, Day, Year <u>Aug 1960</u>				
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 <u>Colony, Missouri</u>		COUNTY <u>Colony</u> STATE <u>Missouri</u>
21. I attended the deceased from <u>Aug 1960</u> to <u>Nov 27th 1960</u> and last saw her alive on <u>Nov. 20th 1960</u> Death occurred at <u>1:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Francis Tarvydas M.D.</u>			22b. ADDRESS <u>Edina Missouri</u>		22c. DATE SIGNED <u>Nov 29th 1960</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/29/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Colony Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Colony, Missouri</u>	
24. GENERAL DIRECTOR <u>J. Labell, M.D.</u>		ADDRESS <u>Nov. 30 - 1960</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 30 - 1960</u>	26. REGISTRAR'S SIGNATURE <u>Thos. S. Mumford</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

Licensed Embalmer No. 4328
P. O. Address Labell, N

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.