# SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-020726

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 2081 STATE FILE NUMBER

AMENDED

FILED MAY 17 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

John B. Withrow

1. PLACE OF DEATH
a. COUNTY Clay Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, North — Length of stay in 1b 30 yrs.

c. CITY OR TOWN Kansas City, North — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5101 North Brooklyn — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 5101 North Brooklyn — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Leila Middle S. Last Rumble

4. DATE OF DEATH Month April Day 24, Year 1961

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 10/29/1866

9. AGE (last birthday) 94 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR 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 At Home

11. BIRTHPLACE (City and state or country) Clay Co. Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Sydney Summers

13b. MOTHER'S MAIDEN NAME Betty unknown

14. NAME OF HUSBAND OR WIFE Stephen S. Rumble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT James C. Davidson Address K. C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH few seconds

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Myocardial Ischemia — 2 days

DUE TO (c) Coronary Atherosclerosis

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 October 1959, to April 24, 1961 and last saw her/him alive on April 24, 1961

Death occurred at 10:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John B. Withrow M.D.

22b. ADDRESS 2730 S Mall Kansas City, Mo.

22c. DATE SIGNED 4-25-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 4/27/61

23c. NAME OF CEMETERY OR CREMATORY Forest Hill

23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR ADDRESS Stine & McClure, Kansas City, Mo.

25. DATE RECD. BY LOCAL REG. 4-26-61

26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

10-7-53 30

**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_____ Signed J S Walton
Signature of Student Embalmer

Licensed Embalmer No. 2744

P. O. Address K C 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.