

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040001

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 350

FILED DEC 11 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clay Township		c. CITY OR TOWN Brashear	
Length of stay in 1b years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) XXXXX Rt.1, Brashear, Mo.		d. STREET ADDRESS (If outside, give location) Route # 1	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last DOREN EUGENE RUMMERFIELD			4. DATE OF DEATH Month Day Year Nov. 30 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/27/45
9. AGE (last birthday) 16		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) Student		10b. KIND OF BUSINESS OR INDUSTRY High School	11. BIRTHPLACE (City and state or country) Kirksville, Adair, Mo.
12. CITIZEN OF WHAT COUNTRY U S		13a. FATHER'S NAME Cleetis Rummerfield	
13b. MOTHER'S MAIDEN NAME Hazel Mason		14. NAME OF HUSBAND OR WIFE N O N E	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. N O N E	17. INFORMANT Address Cleetis Rummerfield, Brashear, 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) 16 gauge gunshot wound, into the left chest at the heart area at close range self-inflicted			INTERVAL BETWEEN ONSET AND DEATH minutes
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. <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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) placed the butt of the shotgun on the ground and the muzzle into the heart area as he bent over, reached down and pushed the trigger.	
20c. TIME OF INJURY Hour Month, Day, Year 6:00 p.m. 11/30/61		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.) at home		20f. CITY, TOWN, OR LOCATION COUNTY STATE Brashear, Rt.#1, Adair, Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at App. 6:00p m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Do not write in this space) Nova E. Foster		22b. ADDRESS Adair Co. Mo. Kirksville, Adair, Mo.	22c. DATE SIGNED 12/2/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 3/61	23c. NAME OF CEMETERY Sabbath Home	23d. LOCATION (City, town, or county) (State) Kirksville, Adair, Mo.
24. FUNERAL DIRECTOR ADDRESS Foster Memorial Home, Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 12-2-1961	26. REGISTRAR'S SIGNATURE Doris W. Raloff

Nova E Foster, Coroner

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

Nova E Foster
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, 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.