

## OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045473

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 151

AMENDED

FILED DEC 26 1961

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Troy Bedford Twp.</b>		Length of stay in 1b <b>24 hrs</b>	c. CITY OR TOWN <b>Jonesburg</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lincoln Cty. Mem. Hosp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Jonesburg</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Barbara Marie Rumbach</b>			4. DATE OF DEATH Month Day Year <b>Dec. 17 1961</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-14-79</b>
9. AGE (last birthday) <b>82</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Jonesburg, Montg. U.S.</b>
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <b>Jacke Rumbach</b>	
13b. MOTHER'S MAIDEN NAME <b>Joesphine Boggy</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Monte Brown High Hill Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MEGULLARY FAILURE</b> DUE TO (b) <b>CEREBRAL HEMORRHAGE</b> DUE TO (c) <b>24 HOURS</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 a.m. p.m. Month, Day, Year	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	COUNTY	STATE
21. I attended the deceased from <b>12-16-61</b> to <b>12-17-61</b> and last saw her alive on <b>12-17-61</b> Death occurred at <b>4:55</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>R. Blackwell</b> (Degree or title)		22b. ADDRESS <b>Troy, Mo.</b>	22c. DATE SIGNED <b>12-22-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Dec. 21, 61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Patrick's</b>	23d. LOCATION (City, town, or county) (State) <b>Jonesburg Mo</b>
24. FUNERAL DIRECTOR <b>Carl A. Harding Jonesburg Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-22-1961</b>	26. REGISTRAR'S SIGNATURE <b>Charlotte Leek</b>

(Licensed Embalmer's Statement on Reverse Side)

DATE PREPARED

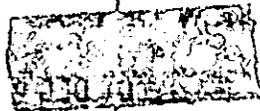
INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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,  
for by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Carl A Harding

Licensed Embalmer No. 4115

P. O. Address Jonestown MD

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.