

THE DIVISION OF HEALTH OF MISSOURI  
**FILED MAR 27 1951 STANDARD CERTIFICATE OF DEATH**

8953

State File No. ....

0485

11010.9-51

146

3026

97

Jackson

Missouri

Jackson

Independence

11 hrs

Independence

0485

Independence Sanitarium

1325 So. Pleasant

Norman

Clayton

Rumble Jr.

Mar. 11, 1951

Male

White

Never Married

Mar 10, 1951

0 0 0

0 11 15

Child

Independence Missouri

U.S.A.

Norman C. Rumble

Thelma Morris

no

None

Norman C. Rumble

1325 S. Pleasant

18. CAUSE OF DEATH

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*

Bilateral atelectasis

less than 12 hrs.

ANTECEDENT CAUSES

DUE TO (b) Prematurity and

DUE TO (c) Probable erythroblastosis fetalis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

7705

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES  NO

21a. ACCIDENT SUICIDE HOMICIDE

21b. PLACE OF INJURY

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1951, to March 11, 1951, that I last saw the deceased alive on March 11, 1951, and that death occurred at 9:30 P. M., from the causes and on the date stated above. --

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

James T. VanBiber M.D. - Louisa Schultz M.D.

317 West Kansas - Independence, Mo.

3-12-51

24a. BURIAL, CREMATION, REMOVAL

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

Burial

Mar 12, 1951

Mount Grove

Independence, Mo

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Mar 12-1951

R. M. A. Dalgo

Wilson S. Keph

Indep. Mo

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Dixon L. Kessler*

Signed.....

Student Embalmer

Licensed Embalmer No. *4225*

P. O. Address *Indep. 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 this body is not embalmed, fact should be so stated above.