

FILED AUG 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26303**

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5164 Registrar's No. 230

1. PLACE OF DEATH a. COUNTY CALLAWAY <u>0140</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL FULTON TWP <u>2</u>		c. CITY (If outside corporate limits, write RURAL and give township) SANDWICH <u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Mi. South of Fulton		d. STREET ADDRESS (If rural, give location) 316 West 1st St. <u>8</u>	

3. NAME OF DECEASED (Type or Print) ELSIE RUMNEY	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) AUGUST 24, 1951
---	------------	-------------	-----------	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH Oct. 15, 1871	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 9 Days 9	IF UNDER 2 HRS. 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 Same	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	--

13a. FATHER'S NAME William Browning	13b. MOTHER'S MAIDEN NAME Frances ?	14. NAME OF HUSBAND OR WIFE Andrew Rumney
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Wave Dunham, R#6 Fulton, Mo.
--	-------------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION - FELL DEAD WHILE AT WORK		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4/201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from NO ATTENDING PHYSICIAN, 1951, that I last saw the deceased alive on , 1951, and that death occurred at 11:30^{PM}, from the causes and on the date stated above.

23a. SIGNATURE M. J. Tarrett, Coroner (Degree or title)	23b. ADDRESS FULTON, MO.	23c. DATE SIGNED 8/24/51
--	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 26, 1951	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge	24d. LOCATION (City, town, or county) (State) Sandwich, Illinois
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. Aug 24-1951	REGISTRAR'S SIGNATURE Maretha Lawrence <u>426</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wallace Funeral Home, Fulton Mo
---	--	---

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 28 1951

RECEIVED

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
Student Embalmer

Signed

Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Fulton, 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.