

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35179

FILED NOV 8 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4578

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>45 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>429 So. White</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LODEMA</u> b. (Middle) <u>—</u> c. (Last) <u>RUMSBY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. -18-1952</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MARCH-14-1875</u>		9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR Days <u>—</u> IF UNDER 1 HRS. Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SEAROVIE IOWA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>DANIEL WARREN</u>		13b. MOTHER'S MAIDEN NAME & K. <u>ELIZA JANE WARREN</u>	
14. NAME OF HUSBAND OR WIFE <u>JOHN P. RUMSBY</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John P. Rumsby</u>		18. ADDRESS <u>429 So. White</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary obstruction</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>		<u>12 hr.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 10/14, 1952, to 10/18, 1952, that I last saw the deceased alive on 10/18, 1952, and that death occurred at 7:20 a.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R.A. Williams MD</u>		23b. ADDRESS <u>5400 S. John Ave KC Mo</u>		23c. DATE SIGNED <u>10/20/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 20-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. MORISH</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O.H. Blackman Jr Inc.</u>		ADDRESS <u>H.C.M.</u>	

DATE REC'D BY LOCAL REG. <u>10-20-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O.H. Blackman Jr Inc.</u>	
				ADDRESS <u>H.C.M.</u>	

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

032 2654

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 Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Kansas City, 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.