

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

816

State File No.

No. 300
10.48 FEB 7 1953

BIRTH NO. _____ REG. DIST. NO. **88** PRIMARY REG. DIST. NO. **5337** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY OR TOWN Rural Union		c. CITY OR TOWN X	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) yr's		e. STREET ADDRESS (If rural, give location) rural- near Cooks Station Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION X			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Alfred c. (Last) Rumfelt			4. DATE OF DEATH (Month) (Day) (Year) 1/18/53
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 27 1871	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and State or Foreign Country) Crawford Co Mo	12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>
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13a. FATHER'S NAME James Rumfelt	13b. MOTHER'S MAIDEN NAME Elizabeth	14. NAME OF HUSBAND OR WIFE Mary Rumfelt
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Ray Rumfelt	ADDRESS Cooks Station Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio sclerosis generalized		INTERVAL BETWEEN ONSET AND DEATH 4 yrs
	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. 4500		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____	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 **1940**, 19____, to **1-18-53**, 19____, that I last saw the deceased alive on **1-17**, 19**53**, and that death occurred at **4:45a** m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Jos D. [Signature]	23b. ADDRESS _____	23c. DATE SIGNED _____
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1/20/53	24c. NAME OF CEMETERY OR CREMATORY Carr. Cemetery	24d. LOCATION (City, town, or county) (State) Cooks Station Mo
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DATE REC'D BY LOCAL REG. 25-53	REGISTRAR'S SIGNATURE [Signature] 76-0	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

250
1

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.....
David J. [Signature]

Licensed Embalmer No. *937*

P. O. Address *Jalisco*

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.