

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37381

FILED NOV 28 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY OR TOWN <u>Rural - N. Mt. Vernon</u>	c. LENGTH OF STAY (in this place township) <u>6 Weeks</u>	c. CITY OR TOWN <u>Mt. Vernon</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Hedders Rest Home</u>		STREET ADDRESS (If rural, give location) <u>Rural - 4 Mi. - N. Mt. Vernon, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Stella</u> b. (Middle) <u>M-</u> c. (Last) <u>Gumm</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-3-1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan-13-1880</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>3</u>	IF UNDER 4 HRS. Hours <u>—</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence Co - Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>T. J. Wood</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Mullins</u>	14. NAME OF HUSBAND OR WIFE <u>Ben Gumm (Deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herman Gumm</u> ADDRESS <u>Mt. Vernon, Mo.</u>
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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.	MEDICAL CERTIFICATION		INSET BETWEEN ONSET AND DEATH <u>1 yr 1 mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension + Ch. Myocarditis 10 yrs</u> DUE TO (c) <u>Bilateral Cataracts 44 3X</u>		
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	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to 11/3, 1955, that I last saw the deceased alive on 10/28, 1955, and that death occurred at 2:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Reneeth Glover MD</u> (Degree or title)	23b. ADDRESS <u>Mt. Vernon, Mo</u>	23c. DATE SIGNED <u>11/5/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 5 - 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Summit Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>4 1/2 Mi. - N.W. Mt. Vernon, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 5, 1955</u>	REGISTRAR'S SIGNATURE <u>Cecil Hedders</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tossett &amp; Fowler</u> ADDRESS <u>Fowler Funeral Home, Mt. Vernon, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

550

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 *me*....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *W. D. Fissett*.....

Licensed Embalmer No. *22*  
P. O. Address *Mt. Vernon*.....

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.