

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

21430

FILED JUL 9 1956

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>269</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		804 000	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2107 South Missouri</u>				d. STREET ADDRESS (If rural, give location) <u>2107 South Missouri</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u>		b. (Middle) <u>--</u>		c. (Last) <u>Gumm</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 30, 1956</u>	
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>July 18th 1862</u>	
9. AGE (in years last birthday) <u>93</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>12</u>		IF UNDER 1 HR. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			11. BIRTHPLACE (City and State or Foreign Country) / <u>Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>				13a. FATHER'S NAME <u>Newton Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Case</u>	
14. NAME OF HUSBAND OR WIFE <u>Thomas L Gumm</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			
16. SOCIAL SECURITY NO. <u>Not Known</u>				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Morton Gumm Weableau Mo</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Back Injury - extant undetermined</u> DUE TO (c) <u></u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>3 days</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis, Bronchitis, Malnutrition</u>				9040	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>21.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sedalia 182 Pettis mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 27, 1956 6:30pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall</u>			
22. I hereby certify that I attended the deceased from <u>1954</u> to <u>June 30, 1956</u> , that I last saw the deceased alive on <u>June 27, 1956</u> , and that death occurred at <u>12:45 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas J. Nyström, M.D.</u>				23b. ADDRESS <u>Sedalia, Mo</u>		23c. DATE SIGNED <u>7/4/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 3, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Benton County Mo</u>	
DATE REC'D BY, LOCAL REG. <u>7-5-56</u>		REGISTRAR'S SIGNATURE <u>A. G. Campbell M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. Edwards</u>		ADDRESS <u>Cole Camp Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

251-0

1951 6 T 7007

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

E. L. Eichhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.