

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 017760
State File No.

FILED JUN 11 1957

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY OR TOWN <u>Corder</u>	d. Is 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) <u>5da</u>		e. STREET ADDRESS (If rural, give location) <u>R#1</u> <u>0540</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lexington Memorial Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Veloris</u> b. (Middle) <u>C</u> c. (Last) <u>Rumbo</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 24 1957</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov 5 1885</u>		9. AGE (In years last birthday) <u>71</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 24 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer agriculture</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Campbellsville Ky</u>	
13a. FATHER'S NAME <u>Enos Rumbo</u>		13b. MOTHER'S MAIDEN NAME <u>Sasa J Grider</u>		14. NAME OF HUSBAND OR WIFE <u>Boulah Rumbo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>496 09 3720</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lee Rumbo Corder Mo</u>	
18. CAUSE OF DEATH (Type or Print) (If you give war or dates of service) _____		19. ADDRESS _____			

18. CAUSE OF DEATH (Type or Print) (If you give war or dates of service) _____		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk several years</u>	
Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis</u>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Kidney failure was precipitated by attack of metastatic</u>		10 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u> 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) _____		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 3-18-54, 1954, to 4-24, 1957, that I last saw the deceased alive on 4-24, 1957, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wilton E. Fulmerson M.D.</u>		23b. ADDRESS <u>Bigginville Mo</u>		23c. DATE SIGNED <u>4-27-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-27 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	
				24d. LOCATION (City, town, or county) (State) <u>Oak Grove Mo</u>	

DATE REC'D BY LOCAL REG. <u>5-16-57</u>		REGISTRAR'S SIGNATURE <u>Missouri Seal</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Webb Funeral Home Oak Grove Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *R. B. Webb*

Licensed Embalmer No. *235*

P. O. Address *Blue Springs*

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.