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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1958

43736
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 4073 Registrar's No. 105

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Applecreek — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Oak Ridge — Length of stay in 1b: life

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Cape Gir.
c. CITY OR TOWN: Oak Ridge — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 2Miles S.Oak Ridge — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Bern — Middle: — Last: Rumfelt

4. DATE OF DEATH: Month: Dec. Day: 23 Year: 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐
8. DATE OF BIRTH: July 14, 1894
9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (City and state or country): Oak Ridge Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas J. Rumfelt
14. MOTHER'S MAIDEN NAME: Vina Goodson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Mabel Rumfelt — Address: Oak Ridge, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): —
DUE TO (c): —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): None — 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-23-57 to 12-23-57 and last saw ~~her~~ him alive on 12-23-57
Death occurred at 4:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E.F. McDonald, MD
22b. ADDRESS: Jackson, Mo.
22c. DATE SIGNED: 12-30-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec. 26, 1957
23c. NAME OF CEMETERY OR CREMATORY: Oak Ridge
23d. LOCATION (City, town, or county) (State): Oak Ridge Mo.

24. FUNERAL DIRECTOR: S.C. Graveraft — ADDRESS: Jackson, Mo.
25. DATE RECD. BY LOCAL REG.: 1-8-58
26. REGISTRAR'S SIGNATURE: Elizabeth Summers Dep

(Licensed Embalmer's Statement on Reverse Side)

Reporting the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gene C. Crawford

Licensed Embalmer No. 432

P. O. Address Jackson,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.