

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036963

STATE FILE NUMBER

FILED OCT 28 1958

Registration District No. 170 Primary Registration District No. \_\_\_\_\_ Registrar's No. 151

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Spring hollow township</b>		c. CITY OR TOWN <b>Lebanon</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>mi. N.W. Lebanon</b>		d. STREET ADDRESS (If outside, give location) <b>7mi. NW. of Lebanon</b>	
3. NAME OF DECEASED (Type or print) First <b>Lucille</b> Middle <b>M.</b> Last <b>Rumbaugh</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>22,</b> Year <b>1958</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 2, 1920</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and state or country) <b>Taylor, Nebraska</b>
13a. FATHER'S NAME <b>Vivian Polland</b>		13b. MOTHER'S MAIDEN NAME <b>Hattie Vandervine</b>	14. NAME OF HUSBAND OR WIFE <b>Hugh Rumbaugh</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>505-18-0517</b>	17. INFORMANT <b>Hugh Rumbaugh</b> Address <b>Lebanon, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Lymphosarcoma of stomach</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 mos.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>2001</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY . Hour . Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <b>Jan. 1958</b> to <b>Oct. 22, 1958</b> and last saw her alive on <b>Oct. 7, 1958</b> Death occurred at <b>2:00 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>B B Hurst, M.D.</b>		22b. ADDRESS <b>Lebanon, Mo.</b>	22c. DATE SIGNED <b>10-23-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>Oct. 23, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sargent Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Sargent, Nebraska</b>
24. FUNERAL DIRECTOR <b>Charles Blakes</b> ADDRESS <b>Lebanon, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>10-23-1958</b>	26. REGISTRAR'S SIGNATURE <b>Hella L. Hays</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

NOV 1 1958 AON  
NOV 2 1958 AON  
NOV 3 1958 AON

Received OCT 27 1958  
Laclede County Health Unit  
File No: 151  
Date Filed OCT 27 1958

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 *W. Barber*

Licensed Embalmer No. 3848  
P. O. Address *Wm. Gumer*

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.