

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024264

FILED VS JUN 21 1960

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. Registrar's No. 234

ENDED

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>STE. Genevieve</u>				
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL - ST FRANCOIS</u>		Length of stay in 1b <u> </u>		c. CITY OR TOWN <u>STE Genevieve</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MINERAL AREA OSTEOPATHIC</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (if outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>R. E. ANN Rumbold</u>				4. DATE OF DEATH Month Day Year <u>JUNE 13 - 1960</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>June 12, 1960</u>		9. AGE (last birthday) <u> </u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u>2</u> Min. <u>50</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>FARMINGTON, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>JAMES HENRY Rumbold</u>			13b. MOTHER'S MAIDEN NAME <u>IMOGENE SPARKS</u>			14. NAME OF HUSBAND OR WIFE <u> </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>None</u>		17. INFORMANT <u>JAMES HENRY Rumbold -</u>		Address <u>STE. Genevieve, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PREMATURE BIRTH</u>							INTERVAL BETWEEN ONSET AND DEATH <u>32</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m. Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <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.) <u>10:30 P.M.</u>		20f. CITY, TOWN, OR LOCATION <u>1:20 A.M.</u>		COUNTY		STATE
21. I attended the deceased from <u>June 12, 1960</u> to <u>June 13, 1960</u> and last saw her ^{her} alive on <u>June 13, 1960</u> Death occurred at <u>1:20 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Paul E. Muth, MD</u>				22b. ADDRESS <u>St. Genevieve, Mo</u>			22c. DATE SIGNED <u>6-17-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>6/13/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CREST LAWN</u>		23d. LOCATION (City, town, or county) (State) <u>STE. Genevieve Mo.</u>			
FUNERAL DIRECTOR <u>BASKER, STE. Genevieve, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>June 13, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Ether Redloff</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Adrian J. Etkin

Licensed Embalmer No. 4740

P. O. Address St. Denver

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.