

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033095

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4523

FILED SEP 25 1961

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 3 wks.	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Neurological Hosp. 2625 W. Paseo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 47 So. 19th Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last HERMAN CANDEE RUMSEY			4. DATE OF DEATH Month Day Year Sept. 10, 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/30/1876	9. AGE (last birthday) 85 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) funeral director		10b. KIND OF BUSINESS OR INDUSTRY own funeral Home		11. BIRTHPLACE (City and state or country) Vermillion, Ohio		
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Lawson T. Rumsey		13b. MOTHER'S MAIDEN NAME Delia C. Candee		
14. NAME OF HUSBAND OR WIFE Laura W. Rumsey		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		
17. INFORMANT Mrs. Laura W. Rumsey		Address 47 So. 19th				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Thrombosis + CVA Artery?		1 hr
DUE TO (b) Cerebral Arteriosclerosis		5 yrs
DUE TO (c) Generalized Arteriosclerosis		10 yrs
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 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.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from 8/22/61 to 9/10/61 and last saw her/him alive on 8/28 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
Death occurred at 9/10/61

22a. SIGNATURE (Degree or title) Abraham Gelperin M.D.		22b. ADDRESS 2625 W. Paseo KC Mo		22c. DATE SIGNED 9/10/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/12/61	23c. NAME OF CEMETERY OR CREMATORY Highland Pk. Cem.	23d. LOCATION (City, town, or county) (State) Kansas City, Ks.	
24. FUNERAL DIRECTOR Geo. F. Porter & Sons K.C.Ks.		25. DATE RECD. BY LOCAL REG. 9-11-61	26. REGISTRAR'S SIGNATURE Ruth Long	

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
Abraham Gelperin

ITEM NO. SHOULD READ

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 _____

Licensed Embalmer No. 3751

P. O. Address 19th & Minnesot
Kansas City, Ks

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.