

STANDARD CERTIFICATE OF DEATH

EV. 10-48

0710
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY MORGAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY MORGAN	
b. CITY (If outside corporate limits, write RURAL and give township) Versailles		c. CITY (If outside corporate limits, write RURAL and give township) VERSAILLES 0710	
c. LENGTH OF STAY (in this place) 3 yrs		d. STREET ADDRESS (If rural, give location) 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) MAUDE		b. (Middle) MAYNARD		c. (Last) LUMPEE		4. DATE OF DEATH (Month) (Day) (Year) Apr. 2 1952	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG. 8 - 1870	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE		9. AGE (In years) if under 1 year Months 7 Days 26	
11. BIRTHPLACE (State or foreign country) NEOSHO, Missouri		12. CITIZEN OF WHAT COUNTRY? USA.					

13a. FATHER'S NAME W.E. MAYNARD		13b. MOTHER'S MAIDEN NAME SALLIE COOK		14. NAME OF HUSBAND OR WIFE JOHN BERT LUMPEE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mr. J.B. Lumpee ADDRESS Versailles, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Metastatic carcinoma of lungs		INTERVAL BETWEEN ONSET AND DEATH 6 mos.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Breast carcinoma		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) Rheumatoid arthritis		8 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY 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) 170X	
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 **Sept. 1950**, to **April 1952**, that I last saw the deceased alive on **April 2, 1952**, and that death occurred at **3:00 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE Jack Gunn MD (Degree or title)		23b. ADDRESS Versailles, Mo.		23c. DATE SIGNED 4.4.52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4.4.52		24c. NAME OF CEMETERY OR CREMATORY VERSAILLES, MO.	
24d. LOCATION (City, town, or county) (State) VERSAILLES, MO.					

DATE REC'D BY LOCAL REG. Apr 5 - 1952		REGISTRAR'S SIGNATURE J.L. Washburn, M.D. 214-0		25. FUNERAL DIRECTOR'S SIGNATURE W.T. Russell ADDRESS Versailles, Mo.	
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APR 23 1957

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
Student Embalmer

Signed

Gene W. Dutton

Licensed Embalmer No. 4021

P. O. Address Versailles, Mo.

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 this body is not embalmed, fact should be so stated above.