

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **175**

FILED JAN 27 1953

BIRTH NO.		REG. DIST. NO. 31	PRIMARY REG. DIST. NO. 4040	Registrar's No. 2
1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Benton		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cole Camp		c. LENGTH OF STAY (In this place) 25 yrs		
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cole Camp		
		d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) ---	c. (Last) Lumpee	4. DATE OF DEATH (Month) (Day) (Year) Jan 21, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 15th 1867	9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months 2 DAY 6 IF UNDER 24 HRS. Hours --- Mins. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? U S A				
13a. FATHER'S NAME Friederick Lumpee		13b. MOTHER'S MAIDEN NAME Theresa Hissshogel		14. NAME OF HUSBAND OR WIFE Sue Lumpee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Henry Lumpee Cole Camp 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lung Congestion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia DUE TO (c) Debilitation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of intestinal tract		INTERVAL BETWEEN ONSET AND DEATH 3 days 1 week 6 months
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 593x H		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)
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 Dec 25, 1952 to Jan 21, 1953 , that I last saw the deceased alive on Jan 21, 1953 , and that death occurred at 5:45 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Harold B. Wackerle Do		23b. ADDRESS Cole Camp Mo		23c. DATE SIGNED 1/22/53
24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24a. DATE Jan 23, 1953	24b. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24c. LOCATION (City, town, or county) (State) Sedalia Mo
DATE REC'D BY LOCAL REG. Jan 22 1953		REGISTRAR'S SIGNATURE E L Eickhoff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E L Eickhoff Cole Camp Mo

0080

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

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 E. L. Eichhoff

Licensed Embalmer No. _____

P. O. Address Cole Camp 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.