FILED FEB 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7070

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 57

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

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 602 E. Broadway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia 0804
d. STREET ADDRESS (If rural, give location) 602 E. Broadway

3. NAME OF DECEASED (Type or Print)
a. (First) LeNA
b. (Middle)
c. (Last) Lumpee

4. DATE OF DEATH (Month) (Day) (Year) Feb. 4 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Oct. 23 1863
9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR Months 3 Days 11 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and State or Foreign Country) Saxony Germany 4
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Frederick Seifert
13b. MOTHER'S MAIDEN NAME Theresa unknown
14. NAME OF HUSBAND OR WIFE John G. Lumpee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME John Boyd — ADDRESS Kansas City

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4201

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1952, *to* Feb. 4, 1953 *that I last saw the deceased alive on* Jan. 25, 1953, *and that death occurred at* 6 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) C. C. Snavely MD
23b. ADDRESS Sedalia MO
23c. DATE SIGNED Feb. 7-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 7, 1953
24c. NAME OF CEMETERY OR CREMATORY Crown Hill
24d. LOCATION (City, town, or county) Sedalia (State) Mo

DATE REC'D BY LOCAL REG. 2-7-53
REGISTRAR'S SIGNATURE R. J. Campbell MD Boone Hall deputy 251-0
25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros — ADDRESS Sedalia

(Licensed Embalmer's Statement on Reverse Side)

NOV 25 1959

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 James R. Askren, Student Embalmer No. 477, working under my personal supervision.

Student James R. Askren
Student Embalmer

Signed Philip McLaughlin
Licensed Embalmer No. 13729
P. O. Address Sedalia 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.