

S. No. 300
EV. 10.48

FILED JUL 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22574

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6015 Registrar's No. 24

0880
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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| 1. PLACE OF DEATH a. COUNTY Randolph | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Salt Spring Twp | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville | |
| c. LENGTH OF STAY (in this place) 2 1/2 wks | | d. STREET ADDRESS (If rural, give location) South Main Street | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION near Sweet Springs Church | | | |

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|-------------------------------------|--------------------------|-----------------------|-----------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) George | b. (Middle) E. | c. (Last) Lumb | 4. DATE OF DEATH (Month) (Day) (Year) July 7 1953 |
|-------------------------------------|--------------------------|-----------------------|-----------------------|--|

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|--------------------|-------------------------------|---|--|---|---|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH March 29, 1892 | 9. AGE (In years last birthday) 61 | IF ORDER: 1 YEAR Months 2 DAY Days 3 HOUR Hours 4 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) rural mail carrier | 10b. KIND OF BUSINESS OR INDUSTRY mail carrier | 11. BIRTHPLACE (State or foreign country) Huntsville, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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|-------------------------------------|---|---|
| 13a. FATHER'S NAME John Lumb | 13b. MOTHER'S MAIDEN NAME Susie Bailey | 14. NAME OF HUSBAND OR WIFE Opal H. Lumb |
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| 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'S SIGNATURE OR NAME Mrs. Opal H. Lumb; Huntsville, Mo. | ADDRESS |
|--|-------------------------------------|---|---------|

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| 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 | | INTERVAL BETWEEN ONSET AND DEATH: 10 min. D.K. See year |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) mitral stenosis | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION none | 20: AUTOPSY? YES: <input type="checkbox"/> NO: <input checked="" type="checkbox"/> |
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| 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) |
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| 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 1932** to **July 5, 1953**, that I last saw the deceased alive on **July 5, 1953**, and that death occurred at **9 a. m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) D. V. Deeyer M.D. | 23b. ADDRESS Huntsville Mo. | 23c. DATE SIGNED 7/8/53 |
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|---|-------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE July 9, 1953 | 24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery | 24d. LOCATION: (City, town, or county) (State) Huntsville, Missouri |
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| DATE REC'D BY LOCAL REG. 7-10-53 | REGISTRAR'S SIGNATURE Mary H. Bentley | 432 | 25. FUNERAL DIRECTOR'S SIGNATURE J. B. Patton & Sons | ADDRESS Huntsville, Mo. |
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(Licensed Embalmers' Statement on Reverse Side)

0981 8 I 700

OCT 6 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Paul J. Patton

Signed.....

Student Embalmer

Licensed Embalmer No. 4095

P. O. Address Huntsville, Miss.

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.