

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9487**

FILED MAR 16 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **5821** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY <b>NEW MADRID</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>NEW MADRID</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL Big Prairie</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PURAL</b>	
c. LENGTH OF STAY (in this place) <b>50 YRS</b>		07 20	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CANALOU R.F.D.</b>		d. STREET ADDRESS (If rural, give location) <b>CANALOU R.F.D.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>CHRISTOPHER</b> c. (Last) <b>LUMSDEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAR 6. 1954</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>FEB 12, 1891</b>		9. AGE (In years last birthday) <b>63</b>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 MOS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (State or foreign country) <b>MONTICELLO ILL. 1</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>JAMES WILLIAM</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH STANSFIELD</b>		14. NAME OF HUSBAND OR WIFE <b>ORA B.</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Ora B Lumsden-Canalou Mo</b> ADDRESS _____	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		Hanged himself with wire in barn, suicide			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			<b>E974X</b>

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, yard, factory, street, office bldg., etc.) <b>Farm</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>New Madrid Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Mar - 6 - 54, 11:20 a.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **11:00 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Geo. Hedgcock - Coroner</b>		23b. ADDRESS <b>New Madrid Mo</b>		23c. DATE SIGNED <b>Mar - 6 - 54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3-8-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City</b>	
24d. LOCATION (City, town, or county) (State) <b>DIXESTON MO</b>					

DATE REC'D BY LOCAL REG. <b>3-11-54</b>		REGISTRAR'S SIGNATURE <b>Helena Lovel Jones</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Welsh Funeral Home - Dixeston Mo</b> ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

ESG1 8 MAR

SEP 5 1958

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.

Signed.....  
Student Embalmer

Signed

*Raymond Crews*

Licensed Embalmer No.

*3467*

P. O. Address

*Sikeston 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.