

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25510

STATE FILE NUMBER

FILED JUL 22 1957

Registration District No. 248 Primary Registration District No. 4369 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Seneca</u>		c. CITY OR TOWN <u>Seneca</u> <u>430</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET-ADDRESS (If outside, give location) <u>430</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Mildred Elizabeth Lumley</u>		4. DATE OF DEATH Month Day Year <u>July 3, 1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 13, 1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>79</u>
11. BIRTHPLACE (City and state or country) <u>Taney Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joe Tigue</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Shelton</u>	
14. NAME OF HUSBAND OR WIFE <u>Herbert Lumley</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Name Address <u>Albert Wright, Sand Springs, Okla.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cardiac insufficiency</u> DUE TO (b) <u>carcinoma</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Sept. 1955</u> to <u>July 3, 1957</u> and last saw her alive on <u>July 3, 1957</u> Death occurred at <u>9:30 p.m.</u> on the <u>3rd</u> date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (D, M, or title) <u>M. S. Mendenhall, D.O.</u>		22b. ADDRESS <u>Seneca Mo.</u>	
22c. DATE SIGNED <u>7/10/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>7-5-57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Burkhart Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Racine, Mo.</u>	
24. FUNERAL DIRECTOR <u>W. E. Bidleman</u>		25. DATE RECD. BY LOCAL REG. <u>7-10-57</u>	
ADDRESS <u>Seneca Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

District Health Officer No. Newton

District File Number 727 158

Date Filed JUL 15 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
Signature of Student Embalmer

Signed W E Biddlestone

Licensed Embalmer No. 2174
P. O. Address Seneca 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.