

2261
STATE FILE NUMBER

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1958

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 69

300

GILLESPIE FUNERAL HOME
Established 1891

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with reference to

1. PLACE OF DEATH a. COUNTY Pettis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sedalia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 1400 East Sixth		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILEY Middle HENDERSON Last LUMBARD			4. DATE OF DEATH Jan. 9, 1958 Month Jan. Day 9 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec. 30, 1887	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegrapher		10b. KIND OF BUSINESS OR INDUSTRY Rail road		11. BIRTHPLACE (City and state or country) Farmersburg, Indiana	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Lumbard		13b. MOTHER'S MAIDEN NAME Sarina Gamble	
14. NAME OF HUSBAND OR WIFE NOT GIVEN		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. 702-14-4109	
17. INFORMANT Roberta Lumbard, Royal Oak, Michigan		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIA. - DUE TO (b) ARTERIO SCLEROSIS. - DUE TO (c) 422.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1. MYOCARDITIS - 2. ANEMIA - 3. BEGINNING GANGRENE		INTERVAL BETWEEN ONSET AND DEATH	
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 if applicable) MT. LEG.	
20c. TIME OF INJURY Hour 5:30 Month Jan Day 9 Year 1958 a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <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 Sedalia		COUNTY MO		STATE MO	
21. I attended the deceased from JAN - 6, 1958 to DEATH and last saw her ^{him} alive on JAN 9 - 1958 Death occurred at 5:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Name or title) Karl A. Boner MD		
22b. ADDRESS Sedalia MO		22c. DATE SIGNED 10 JAN 58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-13-58		23c. NAME OF CEMETERY OR CREMATORY Crown Hill	
23d. LOCATION (City, town, or county) Sedalia MO		23e. STATE MO		24. FUNERAL DIRECTOR DeWeckert Sedalia MO	
25. DATE RECD. BY LOCAL REG. 1-11-58		26. REGISTRAR'S SIGNATURE Frances Shelby			

(Licensed Embalmer's Statement on Reverse Side)

FEB 6 1958

JAN 15 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.

Student Signature of Student Embalmer

Signed *Russell C. Maag*

Licensed Embalmer No. *4834*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.