

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044253

STATE FILE NUMBER

6019

FILED JAN 9 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center		Length of stay in lb 57 YEARS	d. STREET ADDRESS 4130 Troost		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Roy Middle WESLEY Last Lumpkin			4. DATE OF DEATH Month December Day 17, Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-22-80	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DEPT STORE OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY LUMPKIN'S WASTING STORE		11. BIRTHPLACE (City and state or country) NEOSHO RAPIDS KANSAS	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME GEORGE LUMPKIN		13b. MOTHER'S MAIDEN NAME EVA RECTOR	
14. NAME OF HUSBAND OR WIFE JULIA LINN LUMPKIN		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. 500-20-4610A	
17. INFORMANT Mrs Wm. Lumpkin		Address 4101 ROBST		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction DUE TO (b) Acute occlusion, right coronary artery DUE TO (c) Atherosclerosis, coronary arteries. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. INTERVAL BETWEEN ONSET AND DEATH 4201		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 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 COUNTY STATE		21. I attended the deceased from 4-5-53 to 12-17-58 and last saw her alive on 12-17-58 Death occurred at 12-17-58 11:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Jud C Vincent, MD		22b. ADDRESS 701 E 63 KCMO.		22c. DATE SIGNED 12-19-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC. 19 1958		23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEM.	
23d. LOCATION (City, town, or county) KC CITY		(State) MO		24. FUNERAL DIRECTOR RW NEWBORNERS SON 1391 BRUSH ST. K.C. MO.	
25. DATE RECD. BY LOCAL REG. 12-20-58		26. REGISTRAR'S SIGNATURE Neva Minshall			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION
Jack C. Vincent

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 *Maxim D. Preston*

Licensed Embalmer No. *5040*
P. O. Address *K. C. 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.