URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 11 1960

60-009725
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 94

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY Adair
c. CITY OR TOWN Kirksville
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 1217 N. Main St., (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First James Middle A. Last Lumsden

4. DATE OF DEATH Month Apr. Day 2, Year 1960

5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1/13/1872
9. AGE (last birthday) 88
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Retired Farm
11. BIRTHPLACE (City and state or country) Sullivan Co., Mo
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Alexander W Lumsden
13b. MOTHER'S MAIDEN NAME Elizabeth Sheppard
14. NAME OF HUSBAND OR WIFE Ida May Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO. NONE
17. INFORMANT James C. Lumsden, Kirksville, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 8 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Prolonged Recumbency Necessitate by amputation of gangrenous left leg and right broken hip. — 7 days

DUE TO (c) Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Fractured rt. femur

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Mar. 27, 1960, to April 1, 1960 and last saw him alive on April 1, 1960
Death occurred at 12:32 A m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jack A. Arnold Degree or title
22b. ADDRESS Kirksville, Mo.
22c. DATE SIGNED 4-7-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/4/60
23c. NAME OF CEMETERY OR CREMATORY OakWood Cemetery
23d. LOCATION (City, town, or county) (State) Milan, Missouri

24. FUNERAL DIRECTOR Paul M. Riley ADDRESS Kirksville, Mo.
25. DATE RECD. BY LOCAL REG. Apr 4. 1960
26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JACK A. AUXTER, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Richard B. Ellis

Licensed Embalmer No. 3036

P. O. Address Kirksville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.