

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005442

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 27 5079 Primary Registration District No. 5079 Registrar's No. 58

STATE FILE NUMBER

AMENDED

FILED MAR 12 1962

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Bates</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Bates</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Spruce Twp.</b><br>Length of stay in 1b<br><b>One Mile North Ballard Mo.</b> |  | c. CITY OR TOWN <b>Adrian</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                 |  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION   |  | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>           |  |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Avie</b> Middle <b>Preston</b> Last <b>Cumpton</b> |  |  | 4. DATE OF DEATH<br>Month <b>March</b> Day <b>7</b> Year <b>1962</b> |  |  |
|--|--|--|--|--|--|

|                    |                               |  |                                |                                  |  |  |
|--------------------|-------------------------------|--|--------------------------------|----------------------------------|--|--|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>8-8-92</b> | 9. AGE (last birthday) <b>69</b> | IF UNDER 1 YEAR<br>Months <b>6</b> Day <b>29</b> | IF UNDER 24 HR<br>Hours <b>29</b> Min. |
|--------------------|-------------------------------|--|--------------------------------|----------------------------------|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Ret. Farmer</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><b>Bates County, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> |
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|---|---|--|
| 13a. FATHER'S NAME<br><b>John Preston Cumpton</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Sarah Irick</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Dora M. Cumpton</b><br><del>Marie Dora Cumpton</del> |
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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)<br><b>Yes W.W.#1</b> | 16. SOCIAL SECURITY NO. | 17. INFORMANT<br><b>Ray Cumpton, Butler, Mo.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Found dead in his car which had left the road 1 Mile North of Ballard, Mo.</b><br>DUE TO (b) _____<br>DUE TO (c) <b>which appeared to be caused from Heart Attack.</b> |  | INTERVAL BETWEEN ONSET AND DEATH |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) |
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|---|--|--|---|
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____ | 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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **car was first seen at 10:30 A.M.** \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                                   |                                   |
|---|-----------------------------------|-----------------------------------|
| 22a. SIGNATURE<br><i>Cloris Sivels</i><br>(Degree or title) <b>Sherriff Bates Co. Mo.</b> | 22b. ADDRESS<br><b>Butler Mo.</b> | 22c. DATE SIGNED<br><b>3-7-62</b> |
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|  |                            |   |   |
|--|----------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>3-9-62</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Crescent Hill Cem.</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Adrian, Mo.</b> |
|--|----------------------------|---|---|

|   |         |   |   |
|---|---------|---|---|
| 24. FUNERAL DIRECTOR<br><b>Six Funeral Service, Adrian, Mo.</b> | ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><b>3-8-62</b> | 26. REGISTRAR'S SIGNATURE<br><i>Norman Wilson</i> |
|---|---------|---|---|

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 16 1962

**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 *Claude L. L.*

Licensed Embalmer No. 3650

P.O. Address Adrian, 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.