

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033368

STATE FILE NUMBER

Registration District No. 328 Primary Registration District No. 4485 Registrar's No. 43

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 4 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Scott</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Scott City</u> Length of stay in lb <u>39 yrs -</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u></p> <p>c. CITY OR TOWN <u>Scott City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First <u>ALBERT</u> Middle <u>JOSEPH</u> Last <u>DUMEY</u></p>	
<p>4. DATE OF DEATH Month <u>Aug</u> Day <u>26</u> Year <u>1962</u></p>	
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>
<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>Jan 6, 1894</u></p>
<p>9. AGE (last birthday) <u>68</u></p>	<p>IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R R Carman</u></p>	<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road Shops</u></p>
<p>11. BIRTHPLACE (City and state or country) <u>Kelso, Mo</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>
<p>13a. FATHER'S NAME <u>Wm Dumeay</u></p>	<p>13b. MOTHER'S MAIDEN NAME <u>Sabine Scherer</u></p>
<p>14. NAME OF HUSBAND OR WIFE <u>Julia Enderle Dumeay</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes WWI</u></p>	<p>16. SOCIAL SECURITY NO. <u>Don't Know</u></p>
<p>17. INFORMANT <u>Mrs Julia Dumeay</u> Address <u>Scott City, Mo</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Carcinomatosis</u></p> <p style="text-align: center;">DUE TO (b) <u>Hepatosoma</u></p> <p style="text-align: center;">DUE TO (c) <u> </u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u></p> <p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	
<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u></p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>	
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from <u>7-31-62</u> to <u>8-26-62</u> and last saw her/him alive on <u>8-26-62</u></p> <p>Death occurred at <u>7:20 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>James Marshall Jung</u></p>	
<p>22b. ADDRESS <u>Illmo Mo</u></p>	
<p>22c. DATE SIGNED <u>8/28/62</u> (State)</p>	
<p>23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>8/29/62</u></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <u>St. Augustines Cem.</u></p>	
<p>23d. LOCATION (City, town, or county) <u>Kelso, Missouri</u></p>	
<p>24. FUNERAL DIRECTOR ADDRESS <u>Illmo</u></p>	
<p>25. DATE RECD. BY LOCAL REG. <u>Aug 31 - 1962</u></p>	
<p>26. REGISTRAR'S SIGNATURE <u>Mrs Fred Bisplinghoff</u></p>	

VS 300 Rev. 4/59	DATE AMENDED	
1 <u>1000</u>	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DOCUMENT
2 <u>1000</u>		
3		
4 <u>0</u>		
5 <u>1</u>		
6		
7 <u>0</u>		
8 <u>2</u>		
9 <u>155.0</u>		
10		
11		
12 <u>90-c</u>		
13 <u>1-0</u>		
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

SEP 11 1962

SEP 18 1962

SEP 6 1962

NOV 8 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

Oliver Christ

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.