

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001294

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3623 Registrar's No. 10

STATE FILE NUMBER

FILED JAN 21 1963

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>                             |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Clinton</u>   |  | Length of stay in lb<br><u>14 hours</u>  | c. CITY OR TOWN <u>Adrian</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>R.R.#1</u><br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Delbert</u> Middle <u>Ivan</u> Last <u>Cumpton</u>   |  | 4. DATE OF DEATH<br>Month <u>1</u> Day <u>13</u> Year <u>1963</u>  |   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><u>6/9/1919</u>   |
| 9. AGE (last birthday)<br><u>43</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>  |   |
| 11. BIRTHPLACE (City and state or country)<br><u>Agar, South Dakota</u>   |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |   |
| 13a. FATHER'S NAME<br><u>Guy William Cumpton</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Valla May Gibb</u>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><u>Margaret Edna Cumpton</u>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |   |
| 16. SOCIAL SECURITY NO.<br><u>492-19-5861</u>   |  | 17. INFORMANT<br><u>Mrs. Margaret E. Cumpton</u>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute respiratory failure</u><br>DUE TO (b) <u>Shotgun wound left frontal area, self-inflicted</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 days</u>  |   |
| 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 |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><u>Shotgun wound left frontal area</u>                               |   |
| 20c. TIME OF INJURY -<br><u>12:15</u><br>Hour <u>12:15</u> Month, Day, Year <u>1 13 63</u><br>p.m.  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>    | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>home (farm)</u>   | 20f. CITY, TOWN, OR LOCATION<br><u>Adrian, Mo.</u>  |
| 21. I attended the deceased from <u>2:00 p.m. 1-13-63</u> to <u>death</u> and last saw her/him alive on <u>1-13-63</u><br>Death occurred at <u>3:47</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.   |  | 22. DATE SIGNED<br><u>1-15-63</u>  |   |
| 22a. SIGNATURE<br><u>Carroll R. Wetzel, M.D.</u> (Degree or title)  |  | 22b. ADDRESS<br><u>Clinton, Mo.</u>  | 22c. DATE SIGNED<br><u>1-15-63</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>1/15/1963</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Dayton Cemetery</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Dayton, Missouri</u>  |
| 24. FUNERAL DIRECTOR<br><u>Atkinson-Hickey, Clinton City, Mo.</u>   |  | 25. DATE RECD. BY LOCAL REG.<br><u>JAN 14-1963</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Mildred Bigum</u>   |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

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OR TYPEWRITER RIBBON

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**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,

of my \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Billy J. Hixey

Licensed Embalmer No. 4685

P. O. Address Garden City, 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.

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Barrett  
Obituary 1-14-3  
M.D.