

FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **31253**

BIRTH NO. _____		REG. DIST. NO. <b>82</b>		PRIMARY REG. DIST. NO. <b>3017</b>		Registrar's No. <b>113</b>			
1. PLACE OF DEATH a. COUNTY <b>Cooper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Boonville</b>			c. LENGTH OF STAY (In this place) <b>11 Days</b>		c. CITY OR TOWN <b>New Franklin</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital.</b>				STREET ADDRESS (If rural, give location) <b>R. F. D. No. 1</b>				<b>0450</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Orvil</b>			b. (Middle) <b>Henry</b>		c. (Last) <b>Cumpton.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 21 1957</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>April 11, 1906</b>		9. AGE (In years) (If UNDER 1 YEAR: last birthday) (Months) (Days) (Hours) (Min.) <b>51</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe worker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Factory</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Greene County, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>James Madison Cumpton</b>			13b. MOTHER'S MAIDEN NAME <b>Vida Farmer</b>			14. NAME OF HUSBAND OR WIFE <b>Della Metzger Cumpton.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-09-7364</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Orvil H. Cumpton, New Franklin</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multifocal Pulmonary infection - Bronchopneumonia</b> <b>Asthenia + hypotension</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Phlebotomy - legs</b> DUE TO (c) <b>Hypertensive Cardiovascular disease</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Old leaded piston myocardial infarct</b>						INTERVAL BETWEEN ONSET AND DEATH <b>10-12 days</b> <b>intracranial</b> <b>3-5 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>Sept. 19, 1957</b> , to <b>Sept. 20, 1957</b> , that I last saw the deceased alive on <b>Sept. 20, 1957</b> , and that death occurred at <b>2:40 A. M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>William A. Alch MD</b>				23b. ADDRESS <b>329 Main, Boonville, Missouri</b>		23c. DATE SIGNED <b>9-23-57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 24, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Boonville, Missouri.</b>			
DATE REC'D BY LOCAL REG. <b>9/23/57</b>		REGISTRAR'S SIGNATURE <b>W. Hooper</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Goodman &amp; Boller, Boonville, Mo.</b>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 16 1958

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 *William W. Wood*.....

Licensed Embalmer No. 4539

P. O. Address Boonville, M.....

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.