

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-001142

FILED VS. JAN 25 1960 128

Primary Registration District No. 2000

Registrar's No. 74

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mississippi COUNTY Lee					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Missouri		Length of stay in 1b 20 Mo. 2 Da.		c. CITY OR TOWN Nettleton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Medical Center for Federal Prisoners			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Box 172		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First PAUL Middle A. Last SCHUMPERT				4. DATE OF DEATH JAN., 13 1960 Month Day Year					
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 2/12/02		9. AGE (last birthday) 57 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Loan Co. operation			10b. KIND OF BUSINESS OR INDUSTRY Small Loan		11. BIRTHPLACE (City and state or country) Nettleton, Miss.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Paul B. Schumpert			13b. MOTHER'S MAIDEN NAME Martha C. Schumpert			14. NAME OF HUSBAND OR WIFE Divorced			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address MCFP - Files Springfield, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA							INTERVAL BETWEEN ONSET AND DEATH 24 Hrs. plus		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic brain syndrome, due to undetermined cause							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)					
20c. TIME OF INJURY Hour a.m. p.m. 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 5/16/58 to 1/18/60 and last saw ^{her} / _{him} alive on 1/18/60 Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
21. SIGNATURE (Degree or title) Clarence Kooiker M.D. Clinical Director				22b. ADDRESS MCFP - Springfield, Missouri				22c. DATE SIGNED 1/19/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE Jan. 20, 60		23c. NAME OF CEMETERY OR CREMATORY Ayre-Goodwin - Springfield, Mo.			23d. LOCATION (City, town, or county) (State) Tupelo, Mississippi		
24. FUNERAL DIRECTOR				25. DATE RECD. BY LOCAL REG. 1-22-60		26. REGISTRAR'S SIGNATURE Effie S. Nettleton			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

FEB

FEB 21 1960

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

Harry [Signature]

Licensed Embalmer No. 4594

P. O. Address Springfield

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.