

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018281

FILED VS JUN 13 1960

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Primary Registration District No. 3004

Registrar's No. 60 61

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		c. CITY OR TOWN 1302 Broadway, Lamar	
Length of stay in 1b 64 Yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home		d. STREET ADDRESS (If outside, give location) 1302 Broadway, Lamar	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) LILLIAN ABAGAIL DUMM			4. DATE OF DEATH Month June Day 5 Year 1960		
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/4-1875	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) New London, Iowa	
12. CITIZEN OF WHAT COUNTRY U. S.		13a. FATHER'S NAME Jacob Shopball		13b. MOTHER'S MAIDEN NAME Mary Alice Stewart	
13c. NAME OF HUSBAND OR WIFE Oliver Dumm		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. None	
17. INFORMANT Mrs. Walter Kibler, Lamar, Mo. R81		Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH Jan. 1960
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) acute myocardial infarction at 11:55 AM 1960		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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 3:45 Month, Day, Year June 5, 1960 a.m. p.m.	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 **1946** to **June 5, 1960** and last saw her **alive** on **June 5, 1960**
Death occurred at **3:45** a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Walter Kibler, M.D.	(Degree or title)	22b. ADDRESS Lamar, Missouri	22c. DATE SIGNED 6/6/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE June 7 1960	23c. NAME OF CEMETERY OR CREMATORY Oakton	23d. LOCATION (City, town, or county) (State) Barton County, Missouri
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24. FUNERAL DIRECTOR Konantz Funeral Home, Lamar, Missouri	ADDRESS	25. DATE RECD. BY LOCAL REG. JUN 7 - '60	26. REGISTRAR'S SIGNATURE Marie Konantz
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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 Norman L. Thompson

Licensed Embalmer No. 4816

P. O. Address Lamar, 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.