No. 300
10.48

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19080

BIRTH NO. [illegible] REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 4485 Registrar's No. 21

1000

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ANCELL
c. LENGTH OF STAY (in this place): 40 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): AT HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SCOTT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ANCELL 1000
d. STREET ADDRESS (If rural, give location): ✓ 0

3. NAME OF DECEASED (Type or Print)
a. (First): NETTIE
b. (Middle): SUMPTER
c. (Last): WALTER

4. DATE OF DEATH (Month) (Day) (Year): May 28 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY 20, 1870
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 0, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): KENTUCKY
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: HENRY SUMPTER
13b. MOTHER'S MAIDEN NAME: MATHILDA YOUNG
14. NAME OF HUSBAND OR WIFE: ✓

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.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Mrs Bertha Miller — ADDRESS

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): Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4221

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ON MAY 28, 1950, *that I last saw the deceased alive on* MAY 28, 1950, *and that death occurred at* 3:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Denton Wilson D.O.
23b. ADDRESS: Tarufelt, Mo.
23c. DATE SIGNED: May 31, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-30-50
24c. NAME OF CEMETERY OR CREMATORY: Lightner Memorial
24d. LOCATION (City, town, or county) (State): Illmo, Mo.

DATE REC'D BY LOCAL REG.: 6-1-50
REGISTRAR'S SIGNATURE: [illegible] 200
25. FUNERAL DIRECTOR'S SIGNATURE: Bispling hoff Funeral Home — ADDRESS: Illmo Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 2 1950
SCOTT COUNTY HEALTH CENT

CO. FILE NO. 650-4

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 .....
Student Embalmer

Signed Ollie C Amick

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.