V.S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21081

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 17 PRIMARY REG. DIST. NO. 5-6 3-2 Registrar's No. # 18

#m 0550 1

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

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural -- Red Oak
c. LENGTH OF STAY (In this place): 3½ mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 1, LaRussell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage 1493
d. STREET ADDRESS (If rural, give location): 303 N. Garrison Ave.

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

4. DATE OF DEATH (Month) (Day) (Year): Juen 20, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Jan 20, 1866
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and State or Foreign Country): Camden County, Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: E. L. Hammer
13b. MOTHER'S MAIDEN NAME: Lucy -------
14. NAME OF HUSBAND OR WIFE: Millard F. Sumpter

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'S SIGNATURE OR NAME / ADDRESS: L. D. Van Horn, 1014 Olive, Carthage

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): Necrosis Leg Vein
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): due to Circulatory
DUE TO (c): disturbance

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

INTERVAL BETWEEN ONSET AND DEATH

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* June 1, 1952, *to* June 19, 1952, *that I last saw the deceased alive on* June 1, 1952, *and that death occurred at* 7:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C. Coat MD
23b. ADDRESS: Joplin Mo
23c. DATE SIGNED: 6-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 24, 1952
24c. NAME OF CEMETERY OR CREMATORY: Oronogo Cemetery
24d. LOCATION (City, town, or county) (State): Oronogo, Missouri

DATE REC'D BY LOCAL REG.: 7-8-52
REGISTRAR'S SIGNATURE: W. S. Burney 15-8-1
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Knell Mortuary Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage 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 this body is not embalmed, fact should be so stated above.