

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26884

State File No.

FILED JUL 21 1952

BIRTH REG. NO. _____		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>4497</u>		Registrar's No. <u>555</u>	
1. PLACE OF DEATH a. COUNTY <u>Shelby County 1020</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby 1020</u>			
b. CITY OR TOWN <u>Clarence, Mo.</u>		c. LENGTH OF STAY (In this place) <u>52 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clarence, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>X</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OMEY</u> b. (Middle) <u>W.</u> c. (Last) <u>SUMPTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-10-1952</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-29-1880</u>	
9. AGE (In years last birthday) <u>71</u>		10. MONTHS <u>8</u>		11. DAYS <u>11</u>		12. HOURS <u>11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter-Painter</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Randolph Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>John Sumpter</u>			13b. MOTHER'S MAIDEN NAME <u>Lou Herron</u>			14. NAME OF HUSBAND OR WIFE <u>Cora Sumpter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Cora Sumpter, Clarence, Mo.</u>			
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 <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause first <u>Resolved Wound (38 Caliber) Wound just above Right Ear</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E976X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) <u>Clarence, Shelby Mo</u>		21d. STATE <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5:00 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shelby Mo</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred on <u>5:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. W. Musgrave</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>Clarence, Mo</u>		23c. DATE SIGNED <u>7/14/52</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-14-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Shelby Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-15-52</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barkeley-Hawkins, Shelbina, Mo.</u>			

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

NAME OF DECEASED
 ADDRESS
 CITY
 STATE
 ZIP
 DATE OF DEATH
 PLACE OF DEATH
 OCCASION OF DEATH
 NAME OF EMBALMER
 ADDRESS
 CITY
 STATE
 ZIP

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

W. H. ...

Signed _____
Student Embalmer

Licensed Embalmer No. 3488

P. O. Address S. ...

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.