

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37364

State File No. \_\_\_\_\_

3074

Registrar's No. 194

FD OCT 17 1952

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY Scott			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. LENGTH OF STAY (In this place) 18 hours	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marston		0720
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hosp.			d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) a. (First) 0		b. (Middle) 0	c. (Last) Sumner	4. DATE OF DEATH (Month) (Day) (Year) 10-4-1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby	8. DATE OF BIRTH 9-27-1952	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby		10b. KIND OF BUSINESS OR INDUSTRY Baby	11. BIRTHPLACE (State or foreign country) Marston, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Earl Sumner		13b. MOTHER'S MAIDEN NAME Beulah Mae Nessler		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl Sumner, Marston, Mo.		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, bronchial  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4 days
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		7630
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from 10-4-1952 to 10-4-1952, that I last saw the deceased alive on 10-4-52, 19, and that death occurred at 11:00 a.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) _____			23b. ADDRESS Sikeston, Mo		23c. DATE SIGNED 10-6-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-5-52	24c. NAME OF CEMETERY OR CREMATORY MOUNDS	24d. LOCATION (City, town, or county) (State) NEW MADRID, MO	
DATE REC'D BY LOCAL REG. 10-8-52		REGISTRAR'S SIGNATURE Mrs. Ella Hunter 429		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS RICHARDS NEW MADRID, MO	

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

RECEIVED OCT 13 1952  
SCOTT COUNTY HEALTH CENTER  
CO. FILE NO. 1052-287

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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.....  
Student Embalmer

Signed Raymond Watson

Licensed Embalmer No. 4884

P. O. Address New Madrid, 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.