

STANDARD CERTIFICATE OF DEATH

State File No. **33433**

FILED MAY 7 1953

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 155

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Rt 1 Joplin Mo		c. LENGTH OF STAY (in this place) 40 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) Joplin, Mo.		d. STREET ADDRESS (If rural, give location) 3 Miles S.E. of Webb City Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Miles S. E. of Webb City Mo.		0490	
3. NAME OF DECEASED (Type or Print) a. (First) Albert		b. (Middle) John	
c. (Last) Sumner		4. DATE OF DEATH (Month) (Day) (Year) April 29 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 16 1896
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months 7 Days 13	IF UNDER 24 HRS. Hours 13 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee of Joplin Stockyard Co.		10b. KIND OF BUSINESS OR INDUSTRY Hokins County Tenn.	11. BIRTHPLACE (State or foreign country) U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Issac Sumner	
13b. MOTHER'S MAIDEN NAME Josie Brown		14. NAME OF HUSBAND OR WIFE Claretha Sumner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 514-07-3751	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Claretha Sumner		ADDRESS Rt1 Joplin 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombosis 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 10 hrs.		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 4-28 , 19 53 , to 4-29 , 19 53 , that I last saw the deceased alive on 4-28 , 19 53 , and that death occurred at 12:15 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE W.W. Forbes		23b. ADDRESS W.W. Forbes D.O. 106 S. Main St. Webb City Mo.	
23c. DATE SIGNED 4-29-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE May 2, 1953		24c. NAME OF CEMETERY OR CREMATORY Pineville Cemetery	
24d. LOCATION (City, town, or county) (State) Pineville Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Johnston Arnce Simpson	
DATE REC'D BY LOCAL REG. 5-1-53		REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	
ADDRESS Webb City, Mo.		(Licensed Embalmer's Statement on Reverse Side)	

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

RECEIVED 5-6-53
Jasper County Health Office

County File Number 53-5-394

Date Filed 5-6-53

1958 FEB 23 1958

JUL 29 1958

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 _____

Licensed Embalmer No. 4463

P. O. Address W. P. O. No.

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.