

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40010

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

FILED DEC 15 1953

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>2920</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (In this place) <u>0883</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>715 N. Morley St.</u>				d. STREET ADDRESS (If rural, give location) <u>715 N. Morley</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>William</u> c. (Last) <u>Sumpter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-6-1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>4-3-1899</u>	
9. AGE (In years last birthday) <u>54</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Truck driver</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (City and State or Foreign Country) <u>Randolph Co. Mo.</u>	
11. BIRTH PLACE		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13. FATHER'S NAME <u>Geo. W. Sumpter</u>		13. MOTHER'S MAIDEN NAME <u>Marjette Evers</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-B-7212</u>		17. INFORMANT'S SIGNATURE OR NAME <u>M. W. H. Bohannon</u>	
17. INFORMANT'S SIGNATURE OR NAME		17. ADDRESS <u>Moberly, 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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Liver</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>			
ANTECEDENT CAUSES Morbidity 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.  _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Biopsy of Liver - 1561</u>		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 <u>Sept 3, 1953</u> to <u>Dec 6, 1953</u> , that I last saw the deceased alive on <u>Dec 6, 1953</u> , and that death occurred at <u>5:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. Dreyer, M.D.</u>				23b. ADDRESS <u>Huntsville Mo</u>		23c. DATE SIGNED <u>12/7/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-8-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sugar Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-8-53</u>		REGISTRAR'S SIGNATURE <u>Joseph W. Buchanan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marion E. Melton</u>		ADDRESS <u>Moberly, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

10.300  
10.48

Wed 5:15

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

*Merion E. Millison*

Licensed Embalmer No. *3957*

P. O. Address

*Modesto, 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.