

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13517  
State File No. ....

1501  
Registrar's No. ....

FILED APR 25 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>11 yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>			e. STREET ADDRESS (If rural, give location) <b>314 W. 9th</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Samuel</b>			b. (Middle) <b>Sumer</b>	c. (Last) <b>Sumer</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4 3 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>9-5-1882</b>		9. AGE (In years last birthday) <b>72</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Reasoner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>State</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Chillicothe, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>F. M. Sumer</b>		13b. MOTHER'S MARRIAGE NAME <b>Cynthia Leeper</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or other how) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-24-6488</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Record Clerk: K.C. Gen. Hosp. #1</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)						
MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular accident</b>					INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.						
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.						
<b>33 1/4</b>						
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)		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>March 13, 1956</u> , to <u>April 3, 1956</u> , that I last saw the deceased alive on <u>April 3, 1956</u> , and that death occurred at <u>9:20 A.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <b>B. I. Burns</b> (Degree or title) <b>M.D.</b>			23b. ADDRESS <b>24th &amp; Cherry</b>		23c. DATE SIGNED <b>4-4-1956</b>	
24a. BURIAL CREMATION (REMOVAL) (Specify)	24b. DATE <b>4-9-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>College Meaud</b>	24d. LOCATION (City, town, or county) (State) <b>College Meaud, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>4-6-56</b>		REGISTRAR'S SIGNATURE <b>neva munsell</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>B. E. Weiler: K.C. Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *D. E. Willett*

Licensed Embalmer No..... *401*

P. O. Address..... *X.C.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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.