SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021019
STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. Rural Registrar's No. 539 C

FILED JUN 19 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookline — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route #1 — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Greene
c. CITY OR TOWN Brookline — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Route #1 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Charles Middle Last Sumner

4. DATE OF DEATH Month May Day 28 Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 1-9-1887

9. AGE (last birthday) 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter-and Painter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Brookline, Mo.

12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME L. D. Sumner

13b. MOTHER'S MAIDEN NAME Lydia Brown

14. NAME OF HUSBAND OR WIFE Grace Sumner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

17. INFORMANT Mrs. Grace Sumner, Address Brookline Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Hemorrhage	3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cardo-renal Vascular Disease	Unknown
DUE TO (c)	Hypertension	Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-9-55, to May 28, 1961 and last saw her/him alive on May 26, 1961
Death occurred at 5:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Kenneth Mitchell DO

22b. ADDRESS Republic Mo

22c. DATE SIGNED 6-8-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 5-30-1961

23c. NAME OF CEMETERY OR CREMATORY Brookline Cemetery

23d. LOCATION (City, town, or county) (State) Brookline Missouri

24. FUNERAL DIRECTOR ADDRESS Rex Rainey, Springfield, Mo.

25. DATE RECD. BY LOCAL REG. 6-14-61

26. REGISTRAR'S SIGNATURE Effie B. Melton

(Licensed Embalmer's Statement on Reverse Side)

US JUN 19 1969

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_____

Licensed Embalmer No. 4568

P. O. Address Springfield, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.