MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-035860
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. — Registrar's No. 407

FILED SEP 25 1962

DO NOT WRITE ON THIS STUB — AMENDED

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Irondale(Rural)
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Irondale(Rural)
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First JOHN Middle HENRY Last SUMPTER
4. DATE OF DEATH Month Sept Day 17 Year 1962
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9/13/1872
9. AGE (last birthday) 90
IF UNDER 1 YEAR Months 0 Days 5
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Miner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Iron Co. Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John ~~Sumpter~~ Sumpter
13b. MOTHER'S MAIDEN NAME Margaret Trollinger
14. NAME OF HUSBAND OR WIFE Luly(Dumhan) Sumpter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Luly Sumpter Address Irondale, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Inanition and Debilitation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinomatosis
DUE TO (c) Primary Carcinoma of larynx
INTERVAL BETWEEN ONSET AND DEATH: Days . Weeks Months
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 March 30,1959 to Sept. 15,1962 and last saw him alive on Sept. 15,1962
Death occurred at 2:00 A.m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE M. M. Beck (Degree or title) D.O.
22b. ADDRESS Bismarck, Mo.
22c. DATE SIGNED 9/18/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/19/1962
23c. NAME OF CEMETERY OR CREMATORY Mitchell Cemetery
23d. LOCATION (City, town, or county) (State) St. Francois Co. Mo.
24. FUNERAL DIRECTOR Murphy L. Sparks ADDRESS Flat River, Mo
25. DATE RECD. BY LOCAL REG. Sept. 18, 1962
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

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. _____

P. O. Address _____

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.