ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-032110
STATE FILE NUMBER

AMENDED

Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 50

FILED OCT 10 1961

1. PLACE OF DEATH
a. COUNTY: Camden
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Osage
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2 miles E. 54 Hway
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: ~~Pleasise~~ Pulaski
c. CITY OR TOWN: Richland
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Richland
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Clarence Middle Elmer Last Sumner

4. DATE OF DEATH: Month Oct. Day 4th. Year 1961 Un-determined

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Oct. 19-34

9. AGE (last birthday): 26
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): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Trucking

11. BIRTHPLACE (City and state or country): Montreal Mo

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Charles Sumner

13b. MOTHER'S MAIDEN NAME: Elsie Jones

14. NAME OF HUSBAND OR WIFE: Wanda Sumner

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

16. SOCIAL SECURITY NO.: 498-38-9867

17. INFORMANT Address: Mrs Wanda Sumner, Richland 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): Carbon Monoxide Poisoning - Inhalation — INTERVAL BETWEEN ONSET AND DEATH: Few hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

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.): Went to sleep in locked car with motor running.

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: Undetermined – Approximately 1 week prior.

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.): Side of Highway

20f. CITY, TOWN, OR LOCATION / COUNTY / STATE: Osage Township Camden, Mo.

21. I attended the deceased from Was Found Dead. and last saw her/him alive on ____
Death occurred at Undetermined m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. T. Samson Jr. M.D. Deputy Coroner

22b. ADDRESS: Camdenton, Mo.

22c. DATE SIGNED: 10-6-61

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

23b. DATE: Oct. 6, 1961

23c. NAME OF CEMETERY OR CREMATORY: Montreal Cemetery

23d. LOCATION (City, town, or county) (State): Montreal Mo.

24. FUNERAL DIRECTOR ADDRESS: Robert H. Reed, Camdenton Mo.

25. DATE RECD. BY LOCAL REG.: Oct. 6-1961

26. REGISTRAR'S SIGNATURE: Filpha D. Drew

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF | DOCUMENT

OCT 17 1961

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_____ Signed Robert H Reed

Signature of Student Embalmer

Licensed Embalmer No. 3745

P. O. Address Camdenton M

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.