

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7766

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>	
c. LENGTH OF STAY (in this place) <u>7</u>		d. STREET ADDRESS (If rural, give location) <u>Near Liberty Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Liberty Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>Near Liberty Mo.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Robert</u>	b. (Middle) <u>Kieth</u>	c. (Last) <u>Sumpter</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 8-49</u>
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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>Nov. 19-1946</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>John W. Sumpter</u>	13b. MOTHER'S MAIDEN NAME <u>Sherill I. Senders</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John W Sumpter</u> ADDRESS <u>Liberty Mo. R 1</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>48 hr</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INTESTINAL OBSTRUCTION</u>	II. OTHER SIGNIFICANT CONDITIONS: <u>NONE</u>		
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p> <p>ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>LOOP SMALL INTESTINE STRANGULATION</u> DUE TO (c) <u>LATED BY OPENING IN MESENTERY</u></p>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5705</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from APRIL 4-7, 1949, to APRIL 8, 1949, that I last saw the deceased alive on APRIL 4-7, 1949, and that death occurred at 3:20 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Print name or title) <u>James A. Shilloughly, M.D.</u>	23b. ADDRESS <u>LIBERTY MO</u>	23c. DATE SIGNED <u>APR 8 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 9-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bearview</u>	24d. LOCATION (City, town, or county) (State) <u>Liberty Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 8-1949</u>	REGISTRAR'S SIGNATURE <u>Missie Haynes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Church-Precher Co. Liberty, Mo.</u> ADDRESS <u>64</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED**  
District Health Officer No. 8,  
District File Number.....  
Date Filed 4-11-19.....

**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 Harold G. Smith

Licensed Embalmer No. 4575

P. O. Address Lebanon, 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.