S. No. 300
v. 10-48

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

FILED SEP 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22780

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY: Perry 0770
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Perryville Mo.
c. LENGTH OF STAY (in this place): 4
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Perry County Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Perry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seventy Six Mo. 0770
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) C. c. (Last) Sumrow

4. DATE OF DEATH (Month) (Day) (Year): Aug. 12 1951

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 18 1891

9. AGE (In years last birthday): 59 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Post Master Seventy Six Mo.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Perry Co. Mo. 0

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

13a. FATHER'S NAME: Robert Sumrow

13b. MOTHER'S MAIDEN NAME: Clohie Byrd

14. NAME OF HUSBAND OR WIFE: May Cotner Sumrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 1

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: May Cotner Sumrow Seventy Six Mo.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Carcinoma left lung — 1 to 2 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 163X

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 8, 1951, *to* Aug 12, 1951, *that I last saw the deceased alive on* Aug 12, 1951, *and that death occurred at* 8:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] **23b. ADDRESS**: Perryville Mo. **23c. DATE SIGNED**: 8-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE**: Aug 15 1951 **24c. NAME OF CEMETERY OR CREMATORY**: Brazeau Cemetery **24d. LOCATION** (City, town, or county) (State): Brazeau Mo.

DATE REC'D BY LOCAL REG.: Aug 15-51 **REGISTRAR'S SIGNATURE**: Joe J Zoellner 250

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Young & Sons Perryville Mo.

(Licensed Embalmer's Statement on Reverse Side)

SEP 25 1951

RECEIVED

SEP 6 1951

DISTRICT HEALTH OFFICE No. 0

File No.....

SEP 10

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 Edward L. Young

Licensed Embalmer No. 2138

P. O. Address Perryville-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.