

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39467

State File No. _____

FILED NOV 18 1953

BIRTH NO. _____		REG. DIST. NO. <u>188</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>504</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>5 YRS</u>		c. CITY OR TOWN <u>Joplin</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>406 SCHOOL ST.</u>				e. STREET ADDRESS (If rural, give location) <u>406 SCHOOL ST 0445 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NETTIE</u> b. (Middle) <u>BISHOP</u> c. (Last) <u>SUMNER.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 8 - 1953</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Oct 31-1889</u>	
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>JASPER County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Charles Bishop</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca Sheldon</u>		14. NAME OF HUSBAND OR WIFE <u>Ed Sumner</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ed Sumner, 406 School, Joplin Mo</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PHENOL POISONING (SELF INFLICTED)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PATIENT LEFT SUICIDE NOTE</u>					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>JOPLIN JASPER</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 - 8 - 53 6⁰⁰am</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>TOOK PHENOL AFTER WRITING SUICIDE NOTE</u>			
22. I hereby certify that I attended the deceased from <u>(DID NOT ATTEND)</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6⁰⁰am</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. W. Houston M.D. Joplin Jasper County</u>				23b. ADDRESS <u>Jessie Nat'l Bldg Joplin</u>		23c. DATE SIGNED <u>11-8-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Nov 10-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARK Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Corthage, Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-10-53</u>		REGISTRAR'S SIGNATURE <u>by [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary</u>		ADDRESS <u>Corthage, Mo</u>	

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

RECEIVED NOV 17 1953

Jasper County Health Office

County File Number 23-11-912

Date Filed NOV 17 1953

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.