

FILED OCT 5 1954

STANDARD CERTIFICATE OF DEATH

State File No. 32840

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Nevada</b>	c. LENGTH OF STAY (in this place) (township) <b>2 month</b>	c. CITY OR TOWN <b>Nevada</b>	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 <b>Nevada Hospital</b>		f. STREET ADDRESS (If rural, give location) <b>227 North Pine</b> <span style="float: right;">1082</span>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Woodford</b>	b. (Middle) <b>Wilson</b>	c. (Last) <b>Sumner</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 23 1954</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 21 1881</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Bellamy Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Tolliver Sumner</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Dickson</b>	14. NAME OF HUSBAND OR WIFE <b>Bessie Sumner</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Bessie Sumner</b> ADDRESS <b>227 N. Pine Nevada, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic carcinoma of mediastinum</b>		<b>Undetermined</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Primary carcinoma esophagus</b> DUE TO (c) _____		<b>1 year</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>150 X</b>	

19a. DATE OF OPERATION <b>Aug. 15, 1953</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma esophagus-St. Luke's Hospital, Kansas City, Mo.</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 2, 1953, to Sept. 23, 1954, that I last saw the deceased alive on Sept. 23, 1954, and that death occurred at 0:40A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>	23b. ADDRESS <b>Moore Building, Nevada, Mo.</b>	23c. DATE SIGNED <b>Sept. 24, 1954</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 25, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Newton Burial Park Nevada</b>	24d. LOCATION (City, town, or county) (State) <b>Missouri</b>
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DATE REC'D BY LOCAL REG. <b>9-27-54</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ferry Funeral Home Nevada, Mo.</b> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *L. Hughes Perry*

Licensed Embalmer No. *4960*

P. O. Address Nevada, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.