

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025517  
STATE FILE NUMBER

3318

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3318

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

**FILED JUL 20 1961**

1. PLACE OF DEATH  
a. COUNTY **Jackson**  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in lb **2-wks**  
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Riverview Rest Home** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Kansas** b. COUNTY **Wyandotte**  
c. CITY OR TOWN **Kansas City** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **936 Haskell** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Nellie** Middle **M.** Last **Sumerwell** 4. DATE OF DEATH Month **7-** Day **1-61** Year

5. SEX **Fe** 6. COLOR OR RACE **W** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **9-12-1880** 9. AGE (last birthday) **80** 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) **At Home** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **Goshens, Indiana** 12. CITIZEN OF WHAT COUNTRY **U.S.**

13a. FATHER'S NAME **Joseph Heeter** 13b. MOTHER'S MAIDEN NAME **Not known** 14. NAME OF HUSBAND OR WIFE **J. J. Sumerwell**

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. 17. INFORMANT **Ellis Robinson 1238 Central K.C.K.** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Coronary thrombosis**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Generalized arteriosclerosis**  
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.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **6-24-61** to **7-1-61** and last saw her him alive on **7-1-61**  
Death occurred at **6:15 P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Robert F. Goodwin M.D.** 22b. ADDRESS **7225 Beverly Overland Park, Mo.** 22c. DATE SIGNED **7-2-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **7-3-61** 23c. NAME OF CEMETERY OR CREMATORY **Memorial Park** 23d. LOCATION (City, town, or county) (State) **Kansas City Kansas**

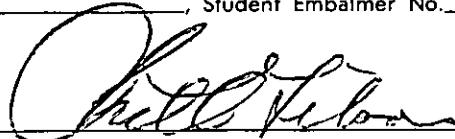
24. FUNERAL DIRECTOR **Eibson & Son** ADDRESS **Kansas City Kansas** 25. DATE RECD. BY LOCAL REG. **7-3-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

3764

**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 

Licensed Embalmer No. 3135  
P. O. Address Harvard St. N. York

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.