

S. No. 300 FILED JUN 10 1952  
 V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

17600

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6019 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>RAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rt #1, ORRICK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rt #1, ORRICK 0690</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 MILES N. ORRICK, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>2 MILES N. ORRICK, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u> b. (Middle) <u>EMALINE</u> c. (Last) <u>SUMMERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 5, 1952</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 6, 1864</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	9. AGE (In years last birthday) <u>87</u> # UNDER 1 YEAR <u>10</u> # UNDER 1 MONTH <u>29</u>
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>THOMAS TURNER</u>		13b. MOTHER'S MAIDEN NAME <u>LIDIA SIEGEL</u>	
14. NAME OF HUSBAND OR WIFE <u>W. D. SUMMERS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. WILEY WOODS, RURAL ORRICK, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Coronaritis</u> DUE TO (b) <u>Cerebral Apoplexy</u> 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 _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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) _____		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 <u>5-29-52</u> , 19 <u>52</u> , to <u>6-5-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-2-52</u> , 19 <u>52</u> , and that death occurred at <u>2:30 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Gifford F. Lemmons</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Orick - Mo</u>	
23c. DATE SIGNED <u>6-6-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>6-6-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ENON CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>EXCELSIOR SPRINGS, Mo.</u>		DATE REC'D BY LOCAL REG. <u>6-7-52</u>	
REGISTRAR'S SIGNATURE <u>Helen Larkin</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richard Excelsior Springs, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

#2  
2890  
1

**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. 459

working under my personal supervision.

Student John S. Evans  
Student Embalmer

Signed Lindell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.