

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9731**

FILED MAR 19 1957

BIRTH NO. _____ REG. DIST. NO. **299** PRIMARY REG. DIST. NO. **3057** Registrar's No. **34**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond		c. CITY OR TOWN Richmond <i>0891</i>	
c. LENGTH OF STAY (in this place) 10 years		d. 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 206 S. Shotwell Street		e. STREET ADDRESS (If rural, give location) 206 S. Shotwell Street	

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPH	b. (Middle) BENJAMIN	c. (Last) SUMMERS	4. DATE OF DEATH (Month) (Day) (Year) March 6, 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 2, 1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 4	IF UNDER 2 HRS. Days 4	Hours 4	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired worker for city	10b. KIND OF BUSINESS OR INDUSTRY 	11. BIRTHPLACE (City and State or Foreign Country) Tennessee	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Samuel Summers	13b. MOTHER'S MAIDEN NAME Caroline Glover	14. NAME OF HUSBAND OR WIFE Veda (Dye) Summers
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Veda Summers, Richmond, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myelofibrosis		INTERVAL BETWEEN ONSET AND DEATH unknown
	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. Malnutrition			2 mo.

19a. DATE OF OPERATION 	19b. MAJOR FINDINGS OF OPERATION 	20. AUTOPSY? 2 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) 2923
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1-27, 1955**, to **3-6, 1957**, that I last saw the deceased alive on **3-6, 1957**, and that death occurred at **11:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Crozier, M.D.	23b. ADDRESS Richmond, Mo.	23c. DATE SIGNED 3-13-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-8-1957	24c. NAME OF CEMETERY OR CREMATORY Richmond Memorial Gardens - Richmond, Missouri	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. March 14, 1957	REGISTRAR'S SIGNATURE Malcolm Jackson	25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter	ADDRESS Richmond, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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Thurs Mar. 14

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..... *Thomas J. Carter*

Licensed Embalmer No. *4475*

P. O. Address *Richmond*

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.