

FILED DEC 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42128

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

BIRTH NO. _____ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 6024 Registrar's No. 26

| | | | |
|---|-------------------------------|--|---|
| 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>Rural Park Township</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Park Township</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LOU</u> b. (Middle) <u>ETTA</u> c. (Last) <u>SUMMERS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 7 1949</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>June 8 1890</u> |
| 9. AGE (In years last birthday) <u>59</u> | | 10. MONTHS <u>10</u> | 11. DAYS <u>29</u> |
| 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>HOUSEKEEPING</u> | 11. BIRTHPLACE (State or foreign country) <u>Kansas City Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Henry Self</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Missie Rader</u> | | 14. NAME OF HUSBAND OR WIFE <u>Willard Summers</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes, five war or dates of service</u> | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Willard Summers</u> | | ADDRESS <u>Lawson 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum with hemorrhage</u> ANTECEDENT CAUSES <u>Mitigation involvement of ileum</u> 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. | | INTERVAL BETWEEN ONSET AND DEATH <u>3 years 2 days</u> <u>154X</u> | |
| 19a. DATE OF OPERATION <u>1947</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Grade 2 Ca of Rectum</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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) <u>Lawson Ray Mo</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ | | 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>Aug 1947</u> , to <u>Dec 7 1949</u> that I last saw the deceased alive on <u>Dec 5 1949</u> and that death occurred at <u>8:40 A.M.</u> , from the causes and on the date stated above. | |
| 23a. SIGNATURE (Degree or title) <u>Detrus E. Buehler M.D.</u> | | 23b. ADDRESS <u>Lawson Mo</u> | |
| 23c. DATE SIGNED <u>Dec 9 1949</u> | | 24a. BURNAL, CREMATION REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>Dec. 9-1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State). <u>Ray Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Raymond M. Gorman</u> | |
| DATE REC'D BY LOCAL REG. <u>Dec. 9, 1949</u> | | ADDRESS <u>Richard Lawson, Mo.</u> | |

RECEIVED DEC 22

District Health Officer No. 8,

District File Number

Date Filed 12-22-49

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
Student Embalmer

Signed Lindeell P. Garman

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.