

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9212**

BIRTH NO. _____		REG. DIST. NO. 296		PRIMARY REG. DIST. NO. 6018		Registrar's No. 11			
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 Rural, Fishing River		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Excelsior Springs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2 miles S. Excelsior Springs				f. STREET ADDRESS (If rural, give location) Rural Route #2					
3. NAME OF DECEASED (Type or Print) a. (First) MILO			b. (Middle)		c. (Last) SUMMERS		4. DATE OF DEATH (Month) (Day) (Year) Mar. 19, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 25, 1897		9. AGE (In years last birthday) 57 if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Ray County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William D. Summers			13b. MOTHER'S MAIDEN NAME Elizabeth Turner			14. NAME OF HUSBAND OR WIFE Anna Smith Summers			
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. Yes Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Summers, Rt. #2, Ex. Springs, Mo.				
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion						INTERVAL BETWEEN ONSET AND DEATH Second month	
		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. Albuminuria - Hypertension							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4501						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)					
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 Feb. 10 - 1955 , to Mar. 19, 1955 , that I last saw the deceased alive on Mar. 18, 1955 , and that death occurred at 9 A.M. m., from the causes and on the date stated above.									
23a. SIGNATURE (Print name) Dr. M. C. ...				23b. ADDRESS Excelsior Springs Mo.		23c. DATE SIGNED 3-20-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-21-55		24c. NAME OF CEMETERY OR CREMATORY New New Garden		24d. LOCATION (City, town, or county) (State) Rural, Excelsior Springs, Mo.			
DATE REC'D BY LOCAL REG. 3-20-55		REGISTRAR'S SIGNATURE Helen J. Larkin		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Claude Prichard, Excelsior Springs, Mo.					

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

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 *Ralph E. Van Landingham*

Licensed Embalmer No. *400*
P. O. Address *Wilmington, Md.*

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.