

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31470

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6020 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Ray Co Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Ray Co</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crooked river Sup. Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Crooked river Sup</u>	
c. LENGTH OF STAY (In this place) <u>2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles South of Hardin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles South of Hardin</u>			
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>B.</u> c. (Last) <u>SUMMERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sep. 8 - 49</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 17 - 1864</u>
9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>M. A. Summers</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Yates</u>	
14. NAME OF HUSBAND OR WIFE <u>Addie Chase</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Reston Summers</u>		ADDRESS <u>Hardin 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>Probably Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio-Sclerosis</u> <u>Irregular Heart</u> DUE TO (c) <u>Had several heart attacks - Arterio-Sclerosis</u> <u>Poor Circulation - Habitual Constipation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>While Instantly</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hardin Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>No first hospital dead</u>			
22. I hereby certify that I attended the deceased from <u>accident</u> , 19 <u>60</u> , to <u>death</u> , 19 <u>49</u> , that I last saw the deceased alive on <u> </u> , 19 <u> </u> , and that death occurred at <u> </u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Marvin Griffin</u>		23b. ADDRESS <u>Hardin, Mo,</u>	
23c. DATE SIGNED <u>9/10/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Sep-10-49</u>		24b. DATE <u>Sep-10-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hardin Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>East of Hardin</u>	
DATE REC'D BY LOCAL REG. <u>Sept 10 - 1949</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Malcolm Jackson</u>		ADDRESS <u>Bocherding</u>	

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

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RECEIVED SEP 13 1949

District Health Officer No. 8

District File Number

Date Filed 9-20-49

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 me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed John M. Kuipschild

Licensed Embalmer No. 2789

P. O. Address Hardin 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.