

Health,
Welfare
Public
Service

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026623
STATE FILE NUMBER

FILED JUL 29 1958 Registration District No. 297 Primary Registration District No. 6021 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY RAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GRAPE GROVE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 7 mi. NORTH OF HARDIN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME		Length of stay in 1b 60 yrs.	d. STREET ADDRESS (If outside, give location) R.F.D. 1, HARDIN
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last IRA William SUMMERS			4. DATE OF DEATH Month Day Year JULY 21, 1958			
5. SEX male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 15, 1874		9. AGE (In years) F UNDER 1 YEAR IF UNDER 24 HRS. 87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) Rockingham Co. Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME DAVID B. SUMMERS		13b. MOTHER'S MAIDEN NAME MARTHA FRANK		14. NAME OF HUSBAND OR WIFE ADDIE W. SUMMERS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. 494-40-6567		17. INFORMANT Address ADDIE W. SUMMERS - HARDIN, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized Arteriosclerosis		
	DUE TO (c) 42.01		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY .Hour Month, Day, Year a.m. p.m.					

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from _____ to _____ and last saw ^{her} him alive on _____
Death occurred at **6:30 p.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thomas W. Good, M. D. Coroner	22b. ADDRESS Richmond Missouri	22c. DATE SIGNED 7/22/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-23-58	23c. NAME OF CEMETERY OR CREMATORY WAKENDA CEM.	23d. LOCATION (City, town, or county) (State) RAY COUNTY, Mo.
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24. FUNERAL DIRECTOR ADDRESS KNIESCHILD & BORCHARDING - HARDIN Mo.	25. DATE RECD. BY LOCAL REG. 7-25-1958	26. REGISTRAR'S SIGNATURE Maluel Jackson
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1959 FEB 6 9 33A

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 *August Bouchard*

Licensed Embalmer No. *4678*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.