V.S. No. 300
Rev. 10.48

FILED JUL 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29432A

BIRTH NO. _____ REG. DIST. NO. 20-1 PRIMARY REG. DIST. NO. 5742 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: MACON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Callao, East Valley township
c. LENGTH OF STAY (In this place): 51 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. 2 Callao Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MACON
c. CITY OR TOWN: Callao Missouri
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R.F.D. 2 Callao Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): SAM
b. (Middle):
c. (Last): SUMMERS

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 1 1924

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 14 JUNE 1876
9. AGE (In years last birthday): 51 — If under 1 year: Months 3, Days 16 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farmer
11. BIRTHPLACE (City and State or Foreign Country): IOWA
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Stockston Summers
13b. MOTHER'S MAIDEN NAME: Elizabeth Simmons
14. NAME OF HUSBAND OR WIFE: Lavenia Frances Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Lavenia F. Wright — **ADDRESS**: R.F.D. 2 Callao 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Condition — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heart Condition
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hurting of the chest and sudden death

19a. DATE OF OPERATION: no operation
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): does not apply
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): does not apply
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): does not apply
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): not injured m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: not injured

22. *I hereby certify that I attended the deceased from* 30 Sept, *19* 24, *to* 1 OCT, *19* 24, *that I last saw the deceased alive on* 8s 1 OCT, *19* 24, *and that death occurred at* 5:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. L.O. Mason M.D. (DESEASED)
23b. ADDRESS: DESEASED
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE: 3 OCT 1924
24c. NAME OF CEMETERY OR CREMATORY: Howard Cemetary
24d. LOCATION (City, town, or county) (State): Macon Co. Mo.

DATE REC'D BY LOCAL REG.: 7-1-57
REGISTRAR'S SIGNATURE: does not apply
25. FUNERAL DIRECTOR'S SIGNATURE: (DESEASED) H.C. YOUNG — **ADDRESS**: Ethel Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 1 8 22 AM '57
STATE SERVICE OFFICE
JEFFERSON CITY, MO.

JUL 1 1957

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 does not apply, Student Embalmer No.....

working under my personal supervision..

Student none
Signature of Student Embalmer

Signed H.C. Young Ethel Mo. (DESEASED)

Licensed Embalmer No.....

P. O. Address .....

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.