

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 79

Registration District No. 1 Primary Registration District No. 3060

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(c) Name of hospital or institution: Laughlin Hospital
(d) Length of stay: In hospital or institution 6 days
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Stahl
(d) Street No. _____
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Alta Velma Summers

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 4
year 1945 hour 6:00 minute _____ P: M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from Nov. 28-45
to Dec 4
that I last saw him alive on Dec 4
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William O. Summers 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 20 1885

Immediate cause of death Myocardial hemorrhage
Due to Advanced diabetes mellitus

8. AGE: Years 60 Months 2 Days 14
If less than one day hr. _____ min. _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Adair Co Missouri

Major findings: Of operations _____
Of autopsy W

10. Usual occupation Home

11. Industry or business Home

12. Name Alfred Elsea

13. Birthplace Unknown Missouri

14. Maiden name Minerva Sanders

15. Birthplace Unknown Missouri

16. (a) Informant Bennie Summers
(b) Address Stahl, Missouri

17. (a) Burial (b) Date thereof 12/6/45
(c) Place: burial or cremation Novinger, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) _____
Means of injury _____
23. Signature W. McClure (M. D. or other) 2:00
Address Kirksville, Mo. Date signed 11/27/45

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

10002A

RECEIVED

District Health Officer No. 10

District File Number 1-46-65

Date Filed JAN 23 1946

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed B. E. Riley

Licensed Embalmer No. 4181

P. O. Address Hustville W

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.