

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 197

Primary Registration District No. 200

Registrar's No. ....

49  
2

1. PLACE OF DEATH:  
 (a) County Jasper  
 (b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3505 East 10th St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 9 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jasper  
 (c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3505 East 10th St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country No

3. (a) PRINT FULL NAME Matthew Richard Summers.  
 3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
 7. Birth date of deceased August 24, 1937  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>9</u>	<u>8</u>	<u>19</u>	..... hr. .... min.

9. Birthplace Joplin Mo.  
(City, town, or county) (State or foreign country)  
Student

10. Usual occupation .....

11. Industry or business .....

12. Name James R. Summers.

13. Birthplace Joplin Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Alfredia Sherman

15. Birthplace Joplin Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant James R. Summers.

(b) Address 3505 E. 10th St., Joplin Mo.

17. (a) Burial (b) Date thereof 6-14-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin Mo.

19. (a) 6-14-47 (b) Obolov Sampink  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 12, day 1947.  
 year ..... hour 7-45 P.M. minute June 2, 1947

21. I hereby certify that I attended the deceased from June 2, 1947  
 ..... 19....., to June 12, 1947  
 that I last saw him alive on June 2, 1947 19.....  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute heart failure

Due to congenital heart condition  
patency of foreman ovale

Due to .....

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None  
 Of operations .....

Of autopsy .....

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? .....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....  
(Specify type of place)

While at work? ..... (e) Means of injury T

23. Signature J.R. Morgan (Physician or other) DO  
 Address 581 W. 4th, Joplin, Mo Date signed 6/13/47

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

47-6-555

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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 Perry A. Aurland

Licensed Embalmer No. 959

P. O. Address Joplin 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.