FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 16 1948

Registration District No. 313

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5655

State File No. 20034

Registrar's No. 59

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State San.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ~~xx~~ 517 days (Specify whether years, months or days)
In this community: 517 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Stoddard
(c) City or town: Dexter
(If outside city or town limits, write "RURAL")
(d) Street No.: 103 Kitchen Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME: Luther Farrell Summers
3. (b) If veteran, name war: No
3. (c) Social Security No.: 489-18-5119

4. Sex: Male ♂
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Clara Arnold Summers
6. (c) Age of husband or wife if alive: 26 years
7. Birth date of deceased: Jan. (Month) 10th (Day) 1920 (Year)

8. AGE:

Years	Months	Days	If less than one day
28	4	8	hr. min.

9. Birthplace: Ardeola (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
MOTHER FATHER
12. Name: Walter Alexander Summers
13. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Alice Davenport
15. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)
16. (a) Informant: E. McMichael, Record Clerk
(b) Address: Mo. State San. Mt. Vernon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Dexter Mo.
18. (a) Signature of funeral director: Leo B Orr
(b) Address: Mt Vernon Mo
19. (a) 5-28-48 (Date received local registrar) (b) Cecil Hendricks (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th year 1948 hour 9:45 minute A M.
21. I hereby certify that I attended the deceased from December 26, 1946 to May 28th, 1948; that I last saw him alive on May 28th, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Far Advanced Pulmonary Tuberculosis	Over 3 years.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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PHYSICIAN — Underline the cause of which death should be charged statistically.

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: 0

23. Signature: Roy W. Dickman (M. D. or other)
Roy W. Dickman, M. D.
Address: Mount Vernon, Mo. Date signed: 5-28-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 648-664
Date Filed JUN 12 1948

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 Geo. P. Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.