

No. 300  
10.48

FILED JUN 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15026

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Poplar Bluff</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Poplar Bluff</b>	
c. LENGTH OF STAY (In this place) <b>15 Years</b>		d. STREET ADDRESS (If rural, give location) <b>135 South D. St.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>135 South D. St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Elmer</b>	b. (Middle)	c. (Last) <b>Summers</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 30 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 11, 1895</b>	9. AGE (In years) (last birthday) (Month) (Day) (Year) (Hours) (Min.) <b>63 6 19</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Meat Cutter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Butcher</b>	11. BIRTHPLACE (State or foreign country) <b>Watson County Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Dem. Summers</b>	13b. MOTHER'S MAIDEN NAME <b>Malonia Edwards</b>	14. NAME OF HUSBAND OR WIFE <b>Notie Summers</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 1st W.W.</b>	16. SOCIAL SECURITY NO. <b>487 18 8747</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Notie Baily Summers</b>	ADDRESS <b>Poplar Bluff Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic valvular heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>0-29X</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Syphilis</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senescent atherosclerosis</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **25 May, 1949**, to **30 May, 1949**, that I last saw the deceased alive on **30 May, 1949**, and that death occurred at **2 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Ernie R. St. Onge</b>	(Degree or title)	23b. ADDRESS <b>Poplar Bluff, Mo.</b>	23c. DATE SIGNED <b>31 May 49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 1, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>	24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff Mo.</b>
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DATE REC'D BY LOCAL REG. <b>June 2, 1949</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank Cottrell Chapel</b>	ADDRESS <b>Poplar Bluff Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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JUN 7 RECD

RUTHERFORD COUNTY HEALTH CENTER

649-124

6-749

JUN 9 1945

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.

Signed

*George W. Green*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *3964*

P. O. Address *Logan Bluff*

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.