

FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24242

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 5867 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer (rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer (rural)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Therman</u> b. (Middle) _____ c. (Last) <u>Summers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-16-1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>1-25-1911</u>	9. AGE (In years last birthday) Months Days <u>38</u> <u>4</u> <u>12</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General labor</u>	11. BIRTHPLACE (State or foreign country) <u>Oregon county, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Samuel Summers</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Dawson</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Sylvia Sandridge, Thayer, Missouri</u>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Viral pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-6, 1949, to 6-16, 1949, that I last saw the deceased alive on 6-16, 1949, and that death occurred at 9 a m., from the causes and on the date stated above.

23a. SIGNATURE <u>John P. Ellison</u>	(Degree or title) <u>Dr.</u>	23b. ADDRESS <u>Thayer, Mo</u>	23c. DATE SIGNED <u>6-29-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-18-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Norman cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Thayer, Missouri (rural)</u>
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DATE REC'D BY LOCAL REG. <u>July 7-49</u>	REGISTRAR'S SIGNATURE <u>Ella Crass</u>	416	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvan Carter</u>	ADDRESS <u>Thayer, Mo</u>
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Dr. Ellison

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

RECEIVED 7-12-49
District Health Officer No. 5,
District File Number 749524
Date Filed 7-22-49

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed Richard Carter

Licensed Embalmer No. 4576

P. O. Address Thayer, 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.