

FILED OCT 20 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **34373**

BIRTH NO. _____		REG. DIST. NO. 198		PRIMARY REG. DIST. NO. 5719		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY MACON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY MACON			
b. CITY OR TOWN Bovier Rural		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Bovier Rural		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) EXRA		b. (Middle) _____		c. (Last) SUMMERS		4. DATE OF DEATH (Month) (Day) (Year) 9-15-49	
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 5-25-1875	
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 1 MRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) MACON CO MO	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME J W Summers		13b. MOTHER'S MAIDEN NAME Emma Tuttle		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Maymie Summers Bovier ADDRESS _____			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) gunshot of left chest ANTECEDENT CAUSES (2 caliber leg wounds unknown) Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH median E781X	
19a. DATE OF OPERATION 9-17-49		19b. MAJOR FINDINGS OF OPERATION bullet hit rib and deflected downwards and behind left lung				20. AUTOPSY? YES <input checked="" 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.) Residence		21c. (CITY, TOWN, OR TOWNSHIP) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE J B Stokes, MD - coroner (Degree or title)				23b. ADDRESS Excelsior, Mo.		23c. DATE SIGNED 10-8-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-18-49		24c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery		24d. LOCATION (City, town, or county) (State) Bovier, Mo.	
DATE REC'D BY LOCAL REG 10-10-49		REGISTRAR'S SIGNATURE Josephine King		25. FUNERAL DIRECTOR'S SIGNATURE W S Edwards ADDRESS Bovier, Mo.			

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

RECEIVED 10/19/49
MACON COUNTY HEALTH DEPARTMENT
County File No. 10/49/25.....
Date Filed 10/19/49.....

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *N.S. Edwards*.....

Licensed Embalmer No. 1961.....

P. O. Address *Bevis, Inc.*.....

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.