

FILED DEC 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42128**

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

BIRTH NO. _____ REG. DIST. NO. **298** PRIMARY REG. DIST. NO. **6024** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Park		c. LENGTH OF STAY (In this place) Survivors	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Park		d. STREET ADDRESS (If rural, give location) township?	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) Lou	b. (Middle) ETTA	c. (Last) SUMMERS	4. DATE OF DEATH (Month) (Day) (Year) Dec 7 1949
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 8 1890
9. AGE (In years last birthday) 59		10. UNDER 1 YEAR (Months) (Days) 10 29	11. UNDER 24 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING	
11. BIRTHPLACE (State or foreign country) Kansas City Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Self		13b. MOTHER'S MAIDEN NAME Missie Rader	
14. NAME OF HUSBAND OR WIFE Willard Summers		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> Yes, give war or dates of service	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Willard Summers ADDRESS Lawson Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum with hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 years 2 days	
ANTECEDENT CAUSES (b) Mitigating condition of ileum		DUE TO (c)	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) 154X	
19a. DATE OF OPERATION 1947		19b. MAJOR FINDINGS OF OPERATION Grade 2 Ca of Rectum	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Lawson Ray Mo	
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?		22. I hereby certify that I attended the deceased from Aug 1947 , to Dec 7 1949 that I last saw the deceased alive on Dec 5 1949 and that death occurred at 8:30 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or Title) Detrus Buehner M.D.		23b. ADDRESS Lawson Mo	
23c. DATE SIGNED Dec 9, 1949		24a. BURNIAL, CREMATION REMOVAL (Specify) Burial	
24b. DATE Dec. 9, 1949		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery	
24d. LOCATION (City, town, or county) (State) Ray Mo		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Raymond M. Gowan ADDRESS Richard Lawson, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Dec. 9, 1949		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Richard Lawson, Mo.	

RECEIVED DEC 22

District Health Officer No. 8,

District File Number

Date Filed 12-22-49

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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Lindell P. Garman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.