

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7949

0160
1-10

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

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5189 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY OR TOWN <u>Delta, Mo.</u>		c. CITY OR TOWN <u>rural, Delta, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Delta, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>near Wilson, Mo.</u>	
3. NAME OF DECEASED (Type or Print) <u>NORMAN EDGAR SUMMERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 15, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 2, 1890</u>
9. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>Sawmilling</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Sawmilling</u>	
11. BIRTH PLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William Oliver Summers</u>		13b. MOTHER'S MAIDEN NAME <u>Thaddeus Rice</u>	
13c. NAME OF HUSBAND OR WIFE <u>Georgia Irene Summers</u>		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) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Walter Summers</u>		ADDRESS <u>Bell City, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>1301</u> <u>minutes.</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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) <u>none</u>	
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 <u>March 15, 1950</u> to <u>March 15, 1950</u> that I last saw the deceased alive on <u>March 15, 1950</u> , and that death occurred at <u>4:20 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W.W. Devault</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>Delta, Mo.</u>	
23c. DATE SIGNED <u>March 24, '50</u>		24. LOCATION (City, town, or county) (State) <u>Delta, Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 19, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Delta, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 25 50</u>		REGISTRAR'S SIGNATURE <u>D. G. Lubick</u> 43	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton S. Morgan</u>		ADDRESS <u>Delta, Mo.</u>	

RECEIVED

APR 3 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-474

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~~

William H. Morgan

working under my personal supervision.

Student Embalmer No.

Signed

William H. Morgan

Signed.....
Student Embalmer

Licensed Embalmer No. *4640*

P. O. Address *Advocate, 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.