

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14050

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4407 Registrar's No. 154

2800

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

1. PLACE OF DEATH a. COUNTY <u>Pattis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LaMonte</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Doniphan</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>Mary</u> b. (Middle) <u>Summers</u> c. (Last) <u>Swindler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-15-1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Feb. 9 1864</u>		9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Canada</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Jacob Summers</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Krupp</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 ADDRESS <u>Mrs Roy Russell LaMonte 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Colon</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>153X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>	

22. I hereby certify that I attended the deceased from April 15, 1950, to April 15, 1950, that I last saw the deceased alive on April 15, 1950, and that death occurred at 11:45 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H.E. Walker M.D.</u>		23b. ADDRESS <u>LaMonte Mo.</u>		23c. DATE SIGNED <u>4-15-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-16-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Darby Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lancaster Mo</u>	
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DATE REC'D BY LOCAL REG. <u>4-15-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Moore LaMonte Mo</u>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

APR 27

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5/3/50

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte, 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.