

FILED SEP 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30677**
3796

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 3		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 198	
c. LENGTH OF STAY (In this place) 3 2/3		d. STREET ADDRESS (If rural, give location) 5042 E 10th V 3110	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOOT TRUMAN RD			

3. NAME OF DECEASED (Type or Print) a. (First) ANDREW b. (Middle) - c. (Last) SUMMERVILLE			4. DATE OF DEATH (Month) (Day) (Year) 9 4 50		
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5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 2/1/1900		9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Days 3 Hours 30 Min. -		IF UNDER 24 HRS. Hours - Min. -	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STONECUTTER			10b. KIND OF BUSINESS OR INDUSTRY GRAVEMONUMENT INDUSTRY CO			11. BIRTHPLACE (State or foreign country) MALVERN ARK 1			12. CITIZEN OF WHAT COUNTRY? U.S.		
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13a. FATHER'S NAME JAMES SUMMERVILLE			13b. MOTHER'S MAIDEN NAME LAYRA ROBERTS			14. NAME OF HUSBAND OR WIFE INEZ BUSSE			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. NONE			17. INFORMANT'S SIGNATURE OR NAME MRS INEZ SUMMERVILLE			ADDRESS 15. C MO		
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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, ashenia, etc. It means the disease, injury, or complication which caused death.												MEDICAL CERTIFICATION												INTERVAL BETWEEN ONSET AND DEATH					
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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion												INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Enteric obstructive heart disease																	
DUE TO (c)												42 ⁰					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.																	

19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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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)			
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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?			
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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 Geo. C. Kealhofer (Degree or title)				23b. ADDRESS 3441 Pleasant St. N.W. Liberty, Mo 64201				23c. DATE SIGNED 9-5-50			
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9/6/50		24c. NAME OF CEMETERY OR CREMATORY ELMWOOD		24d. LOCATION (City, town, or county) (State) KANSAS CITY MO	
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DATE REC'D BY LOCAL REG. 9-6-50				REGISTRAR'S SIGNATURE M. J. Holmes				25. FUNERAL DIRECTOR'S SIGNATURE SITELL FUNERAL HOME				ADDRESS K. C. MO			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed

John P. Heil

Signed

Student Embalmer

Licensed Embalmer No. *3625*

P. O. Address *A. C. Sme*

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.