

THE DIVISION OF HEALTH OF MISSOURI  
 FILED NOV 22 1950 STANDARD CERTIFICATE OF DEATH

36381

State File No. \_\_\_\_\_

BIRTH NO. 52 REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 6296 Registrar's No. 87

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>Burfordville</u> LENGTH OF STAY (in this place) <u>5 yrs.</u>		c. CITY OR TOWN <u>Burfordville</u> <u>Thunders M.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Street not numbered</u>		d. STREET ADDRESS (If rural, give location) <u>Street not numbered</u>	

3. NAME OF DECEASED (Type or Print) <u>RALEIGH NATHANIAL SUMMERS</u>			4. DATE OF DEATH <u>NOV 8, 1950</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

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>Feb 2, 1871</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Near Pucico Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Charles Summers</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Hicks</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah Davis Summers</u>
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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>Lawrence Bernard Burfordville Mo.</u>	ADDRESS <u>331X</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		several years
	DUE TO (c)		
	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 type="checkbox"/> NO <input checked="" 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 Oct 31, 1950, to Nov. 8, 1950, that I last saw the deceased alive on Nov. 6, 1950, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C.F. McDonald, M.D.</u> (Degree or title)	23b. ADDRESS <u>Jackson, Mo.</u>	23c. DATE SIGNED <u>11-10-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>NOV 10, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hollis Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Nearin Ridge Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 12-50</u>	REGISTRAR'S SIGNATURE <u>D. G. Stribner 43</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller Jackson</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0160

.....ic No.  
DISTRICT HEALTH OFFICE No. 6

NOV 18 1950

RECEIVED

RECEIVED

NOV 18 1950

DISTRICT HEALTH OFFICE No. C

ic No.....

**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. ....

Student .....  
Student Embalmer

Signed *Lynnan Steele*  
.....

Licensed Embalmer No. *2476*

P. O. Address *Jacksonville*

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.