

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **663**  
 Registrar's No. **6**

FILED FEB 1 1951

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>CRAWFORD</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CRAWFORD</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BUTTS, Courtoise</b>		c. LENGTH OF STAY (In this place) <b>76 YRS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>BUTTS, Courtoise</b>		d. STREET ADDRESS (If rural, give location) <b>0270</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>ELMER</b> c. (Last) <b>SUMMERS</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 21-1951</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB. 25-1874</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>26</b>	IF UNDER 11 HRS. Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>CRAWFORD Co., MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>ELINA SUMMERS</b>		13b. MOTHER'S MAIDEN NAME <b>BARBARA GLOVER</b>		14. NAME OF HUSBAND OR WIFE <b>ANNIE SUMMERS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. ANNIE SUMMERS, STEELVILLE, MO.</b>			
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) <b>Mesenteric Thrombosis of Dissecting Aneurysm of Abdominal Aorta</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUO TO (b) Arteriosclerosis, generalized.</b> DUO TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>  <b>4533</b>	
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)		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)		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 <b>1-18</b> , 19 <b>51</b> , to <b>1-18</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1-18</b> , 19 <b>51</b> , and that death occurred at <b>5:00 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John Charles Douglas, M.D.</b>				23b. ADDRESS <b>Steelville, Mo.</b>		23c. DATE SIGNED <b>1-24-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1-24-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FAIRVIEW CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>BUTTS, MO.</b>	
DATE REC'D BY LOCAL REG. <b>1-27-51</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>THOMAS S. HALBERT, STEELVILLE, MO.</b>			

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

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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

JAN 31 1951

RECEIVED

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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 Thomas S. Hubbard

Licensed Embalmer No. 4337

P. O. Address Steelville, 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.