

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4352

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>486</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY OR TOWN <u>Sullivan, Mo.</u>		c. LENGTH OF STAY (in this place) <u>9 yrs.</u>		c. CITY OR TOWN <u>Sullivan, Mo.</u>		<u>0361</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ramsy Corp. Sullivan, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>600 Madison</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>Henry</u>		c. (Last) <u>Summers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 7 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 9, 1886</u>	
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>28</u>		IF UNDER 1 HR. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watch-man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Piston Ring Factory.</u>		11. BIRTHPLACE (State or foreign country) <u>Anthones Mill, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Chas. Edw. Summers</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Matlock</u>		14. NAME OF HUSBAND OR WIFE <u>Widowed</u>			
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>490-28-7224</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lucille Rommelman, Sullivan, Mo.</u>		ADDRESS _____	
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>Acute Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 Min.</u>			
ANTECEDENT CAUSES				DUE TO (b) _____			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Not</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) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
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 <u>6:40pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. P. Shaffer</u> (Degree or title) <u>Coroner 2</u>				23b. ADDRESS <u>7300 1/2</u>		23c. DATE SIGNED <u>2-7-1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-11-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harrison Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>Crawford County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-9-1951</u>		REGISTRAR'S SIGNATURE <u>W. P. Shaffer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. P. Shaffer</u>		ADDRESS <u>Sullivan mo</u>	

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

361
3

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 13 1951

RECEIVED

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.....
Student Embalmer

Signed J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Sullivan, 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.