

FILED MAR 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9334

BIRTH NO.		REG. DIST. NO. 210	PRIMARY REG. DIST. NO. 5770	Registrar's No. 29
1. PLACE OF DEATH a. COUNTY <b>MERCER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>MERCER</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>RURAL MADISON TOWNSHIP</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>MADISON TOWNSHIP</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>CARL</b>		b. (Middle) <b>SEDRICK</b>		c. (Last) <b>SUMMERS</b>
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED 1</b>
8. DATE OF BIRTH <b>APRIL-4-1887</b>		9. AGE (In years last birthday) <b>63</b>		10. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country) <b>MO. D</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>JEFFERSON SUMMERS</b>		13b. MOTHER'S MAIDEN NAME <b>NELLIE SEATON</b>		14. NAME OF HUSBAND OR WIFE <b>ETHEL SUMMERS</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ETHEL SUMMERS MILL GROVE 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>Cerebral Hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. ... DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>Feb 26th, 1951</b> , to <b>Feb 28th, 1951</b> , that I last saw the deceased alive on <b>Feb 26th, 1951</b> , and that death occurred at <b>6:30 A. M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Name or title) <b>Oliver F. Duffy MD</b>		23b. ADDRESS <b>Trenton mo</b>		23c. DATE SIGNED <b>Feb 28th 1951</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAR-2-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LOWERY CEM.</b>
24d. LOCATION (City, town, or county) (State) <b>MERCER CO. MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Schooler Funeral Home Spickard Mo</b>		
DATE REC'D BY LOCAL REG. <b>3-12-51</b>		REGISTRAR'S SIGNATURE <b>M J Rutledge</b>		398

(Licensed Embalmer's Statement on Reverse Side)

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

0680



1967 2 7 5 PM

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed  Ross Wise

Licensed Embalmer No.  3771

P. O. Address  Spickard 710

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.