

FILED NOV 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34377

State File No.

BIRTH NO. 70282-57 REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5768 Registrar's No. 78

0650

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

1. PLACE OF DEATH a. COUNTY <u>MERCER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Mercer</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural - Harrison Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Harrison Twp. 1650</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Reta</u>	b. (Middle) <u>Key</u>	c. (Last) <u>Summers</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 6, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept. 30, 1951</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>6</u> IF UNDER 1 WRS. Days <u>0</u> Hours <u>0</u> Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				

13a. FATHER'S NAME <u>William Summers</u>	13b. MOTHER'S MAIDEN NAME <u>Opal Watson</u>	14. NAME OF HUSBAND OR WIFE
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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>William Summers</u>	ADDRESS <u>Princeton Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Massive Atelectasis</u> 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) <u>7730</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Sept. 30, 1951 to Oct. 6, 1951, that I last saw the deceased alive on Oct. 6, 1951, and that death occurred at 10:45 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Geo. J. Dawson M.D.</u>	(Degree or title)	23b. ADDRESS <u>Box 98 - Mercer Missouri</u>	23c. DATE SIGNED <u>Oct. 29, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 7, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Early Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mercer, Mo.</u>
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DATE REC'D BY LOCAL REG <u>11-1-51</u>	REGISTRAR'S SIGNATURE <u>Paul Ross</u>	393	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Summers</u>	ADDRESS <u>Lineville Iowa</u>
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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, _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Ames L. Grubbs

Signed.....
Student Embalmer

Licensed Embalmer No. 3967

P. O. Address Linnville, Iowa

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.