No. 300
10-48

FILED APR 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13607

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 32

,672
1

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

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston
c. LENGTH OF STAY (in this place): 11 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 201 Danforth St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston 0672
d. STREET ADDRESS (If rural, give location): 201 Danforth St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Seran
b. (Middle): Eli
c. (Last): Summers

4. DATE OF DEATH (Month) (Day) (Year): April, 14, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: March, 4, 1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (State or foreign country): Camden, Tenn. /
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: E.C. Summers
13b. MOTHER'S MAIDEN NAME: Jeanette Durdin
14. NAME OF HUSBAND OR WIFE: Nellie George Summers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 1
16. SOCIAL SECURITY NO.: 412-20-8092
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs Nellie Summers, Charleston, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 Min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Heart disease — 8 wks
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: 4201
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 31 Jan, 1952, *to* 14 April, 1952, *that I last saw the deceased alive on* 10 April, 1952, *and that death occurred at* 11:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Dermansaert MD
23b. ADDRESS: Charleston Mo
23c. DATE SIGNED: 4/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial /
24b. DATE: 4/16/52
24c. NAME OF CEMETERY OR CREMATORY: Chalk Hill Cemetery
24d. LOCATION (City, town, or county) (State): Camden, Tenn.

DATE REC'D BY LOCAL REG.: 4/18/52
REGISTRAR'S SIGNATURE: Ann Sitzes Roach 473-0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Edward E. Nunnelee — The Nunnelee Funeral Chapel, Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 21 REC

RECEIVED
Miss. Co. Health Dep
County File No. _____
Date Filed APR 25 1952

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 Edward E. [illegible]

Licensed Embalmer No. 464

P. O. Address Charleston, 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.