

S. No. 300, MED OCT 1 1952
 V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

33930

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 449I Registrar's No. 181

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Diehlstadt</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Diehlstadt</u>	
c. LENGTH OF STAY (in this place) <u>All Life</u>		d. STREET ADDRESS (If rural, give location) <u>Diehlstadt</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, Diehlstadt</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Coena</u>	b. (Middle) <u>Hassie</u>	c. (Last) <u>Summers</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August, 21, 1952</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>Married</u>	8. DATE OF BIRTH <u>June, 1, 1899</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postmistress</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Postmistress</u>	11. BIRTHPLACE (State or foreign country) <u>Diehlstadt, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry Stone</u>	13b. MOTHER'S MAIDEN NAME <u>Lee Holland</u>	14. NAME OF HUSBAND OR WIFE <u>Atlas Summers</u>
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Clyde Sanders, Charleston, Mo.</u>	ADDRESS _____
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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>Nov 20 - 21 Aug 21 52</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION <u>Nov 21 - 1951</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma</u>	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) <u>Charleston</u> (COUNTY) <u>Scott</u> (STATE) <u>Mo.</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 type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Nov. 20, 1951, to Aug 21, 1952, that I last saw the deceased alive on Aug 21, 1952, and that death occurred at 5:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. E. Pressnell M.D.</u> (Degree or title)	23b. ADDRESS <u>Charleston Mo</u>	23c. DATE SIGNED <u>Aug 22-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/24/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maynard Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Diehlstadt, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-16-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. Olla Hunter</u>	25. FUNERAL HOME OR'S SIGNATURE <u>The Dunnelee Funeral Chapel, Charleston, Mo.</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

#m
1000

RECEIVED SEP 22 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 952-273

APR 27 1954

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 John F. Hernandez Jr

Licensed Embalmer No. 3857

P. O. Address Charleston, W. Va.

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.