

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11036**

FILED MAR 16 1953

BIRTH NO. _____		REG. DIST. NO. 295		PRIMARY REG. DIST. NO. 6015		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY 0880 Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 090 Randolph			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 3 rural-Salt Spring Twp.			c. LENGTH OF STAY (In this place) _____				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION on Bill Lindsey farm				d. STREET ADDRESS (If rural, give location) Elm Street (201)			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Robert c. (Last) Summers			4. DATE OF DEATH (Month) (Day) (Year) March 7 1953				
5. SEX male ♂		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH January 3, 1895	
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		11. BIRTHPLACE (State or foreign country) 0 Randolph County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME E.O. Summers			13b. MOTHER'S MAIDEN NAME Bessie Terrill			14. NAME OF HUSBAND OR WIFE Mary A. Summers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. World War I 487-18-8077		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary A. Summers; Huntsville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis & Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 15 min.
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION none					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Huntsville, Mo.		21f. HOW DID INJURY OCCUR _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from Oct 5, 1952 , to Mar 2, 1953 , that I last saw the deceased alive on Mar 2, 1953 , and that death occurred at 5 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. W. Dreyer M.D. U.			23b. ADDRESS Huntsville, Mo.		23c. DATE SIGNED 3/13/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE March 9, 1953		24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery		24d. LOCATION (City, town, or county) (State) Huntsville, Missouri	
DATE REC'D BY LOCAL REG. 3-14-53		REGISTRAR'S SIGNATURE Mary H. Bentley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tom B. Patton Huntsville Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 21 1953

MAR 18 1953

AUG 2 1951

MAR 25 1953

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

Tom B. Patton

Signed.....

Student Embalmer

Licensed Embalmer No.

3914

P. O. Address

Huntsville, Ala

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.