

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38808
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State File No.

FILED AUG 24 1953

BIRTH NO. REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4575 Registrar's No.

1050
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan - 1050</u>	
c. LENGTH OF STAY (in this place) <u>76 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>J.</u> c. (Last) <u>Summers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 14-1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-1-1876</u>
9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Milan - Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Abner Summers</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Diller</u>	14. NAME OF HUSBAND OR WIFE <u>Bertie Bantrus</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frank Summers, Milan Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myasthenia Gravis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>not known</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Evilicious anemia</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>septic with Resp. infections</u>	
DUE TO (c) <u>senility</u>		DUE TO (c) <u>senility</u>	
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"/>	
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 <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 <u>April 9, 1953</u> , to <u>Aug. 14, 1953</u> , that I last saw the deceased alive on <u>Aug. 13, 1953</u> and that death occurred at <u>3:12</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. S. Wooten, M.D.</u>		23b. ADDRESS <u>Milan Mo</u>	23c. DATE SIGNED <u>8-17-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-17-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Milan - Mo</u>
DATE REC'D BY LOCAL REG. <u>Aug 21-1953</u>	REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u> 320	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schoeppe, Schaefer, Schaefer Milan-Mo</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, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Dwight Scherer

Licensed Embalmer No. 2667

P. O. Address Milaw - 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.