

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43923**

FILED JAN 14 1954

BIRTH NO. _____ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **3055** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk	
b. CITY OR TOWN Belivar	c. LENGTH OF STAY (In this place) 6 yrs.	c. CITY OR TOWN Belivar 084	
d. FULL NAME OF HOSPITAL OR INSTITUTION West Hinkley Ave		d. STREET ADDRESS (If rural, give location) West Hinkley Ave	

3. NAME OF DECEASED (Type or Print) a. (First) Charlotte b. (Middle) Hester c. (Last) Summers	4. DATE OF DEATH (Month) (Day) (Year) Dec 30 1953							
5. SEX F	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 10 1875	9. AGE (In years last birthday) 78	# MONTHS 3	# DAYS 20	# HOURS 	# MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY House work	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Geo. Billingsly	13b. MOTHER'S MAIDEN NAME Margaret Gooding	14. NAME OF HUSBAND OR WIFE Ben N. Summers	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ralph E. Jeger	ADDRESS 1223 N. Roebys Ave Springfield Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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? 490X YES <input type="checkbox"/> NO <input 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)
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?

22. I hereby certify that I attended the deceased from **Nov 4, 1953**, 19____, that I last saw the deceased alive on **Dec 29, 1953**, and that death occurred at **2:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. H. Bridges	(Degree or title)	23b. ADDRESS Belivar Mo	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 3 1954	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) Belivar Mo
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DATE REC'D BY LOCAL REG. Jan 7 1954	REGISTRAR'S SIGNATURE Ralph E. Jeger	25. FUNERAL DIRECTOR'S SIGNATURE Erwid T. Blue	ADDRESS Belivar Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Chas J. Ester

Licensed Embalmer No. 4154

Signed
Student Embalmer

P. O. Address Bolivar, md.

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.