

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

45659

State File No.

No. 300
10.48

FILED JAN 18 1954

BIRTH NO. _____		REG. DIST. NO. <u>650</u>		PRIMARY REG. DIST. NO. <u>339</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u> <u>1030</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Puxico New Lisbon</u>			c. LENGTH OF STAY (If applicable) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Puxico New Lisbon Twp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 2</u>				d. STREET ADDRESS (If rural, give location) <u>Route 2</u> <u>1030</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ira</u>		b. (Middle) <u>Isaac</u>		c. (Last) <u>Summers</u>	
4. DATE OF DEATH		(Month) <u>Oct.</u>		(Day) <u>28,</u>		(Year) <u>1953</u>	
5. SEX <u>male</u> <u>0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> <u>2</u>	8. DATE OF BIRTH <u>June 4, 1868</u>		9. AGE (In years last birthday) <u>85</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Puxico, Mo. R. 2</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Charles W. Summers</u>		13b. MOTHER'S MAIDEN NAME <u>Hicks</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>XXXX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louie Summers</u> ADDRESS <u>Puxico, Mo. R. 2</u>					
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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Regenerative myelopathy</u>	ANTECEDENT CAUSES <u>Due to (b) Arterio-sclerosis</u>						
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	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 <u>4221</u>						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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>July 1953</u> , to <u>July</u> , 1953, that I last saw the deceased alive on <u>July</u> , 1953, and that death occurred at <u>2:30 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>G. S. Davis M.D.</u>				23b. ADDRESS <u>Dexter - Mo.</u>		23c. DATE SIGNED <u>11-2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-30-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hollis cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Puxico, Mo. R. 2</u>			
DATE REC'D BY LOCAL REG. <u>12/15/53</u>	REGISTRAR'S SIGNATURE <u>Pearl Reed</u> <u>490</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Ser. Dexter, Mo.</u> ADDRESS			

WRITE PLAINLY—USING UNFAADING 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 _____

Earl N. Watkins

Student Embalmer No. 489

working under my personal supervision.

Student

Earl N. Watkins

Student Embalmer

Signed

Earl N. Watkins

Licensed Embalmer No. 4717

P. O. Address

Dexter, 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.