

FILED APR 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12769**

BIRTH NO. _____ REG. DIST. NO. **233** PRIMARY REG. DIST. NO. **4348** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give town) Wellsville		c. CITY (If outside corporate limits, write RURAL and give township) Middletown	
c. LENGTH OF STAY (If in place) 1 year		d. STREET ADDRESS (If rural, give location) no street address	
d. FULL NAME OF HOSPITAL OR INSTITUTION knights Nursing home			

3. NAME OF DECEASED (Type or Print)	a. (First) MAGGIE	b. (Middle) ETNA	c. (Last) SUMMERTON	4. DATE OF DEATH (Month) (Day) (Year) Apr. 17 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 22 1871	9. AGE (In years) (Month) (Day) (Hours) (Min.) 83 2 15
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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) Middletown, Montg. Mo.	12. CITIZEN OF WHAT COUNTRY? A.
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13a. FATHER'S NAME Francis Hassler	13b. MOTHER'S MAIDEN NAME Sarah Shadwell	14. NAME OF HUSBAND OR WIFE Frank Summerton
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Jean G. Myers, Evanston Mo	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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility		INTERVAL BETWEEN ONSET AND DEATH 80 year 20 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
	DUE TO (c) hypertension		
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"/>
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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) 447 X
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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 **9 am 15, 1954**, to **to april 17 19 54**, that I last saw the deceased alive on **april 17, 1954** and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Willis H. Walls MD	(Degree or title) _____	23b. ADDRESS Wellsville Mo	23c. DATE SIGNED 4/20/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/21/54	24c. NAME OF CEMETERY OR CREMATORY Middletown Cem.	24d. LOCATION (City, town, or county) (State) Middletown, Missouri
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DATE REC'D BY LOCAL REG. 4-20-54	REGISTRAR'S SIGNATURE W.S. Romano	425-0	25. FUNERAL DIRECTOR'S SIGNATURE W.B. Keller	ADDRESS Keller
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed A. B. Kella

Licensed Embalmer No. 1288

P. O. Address Kellerville 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.