

FILED DEC 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39908

BIRTH NO. _____		REG. DIST. NO. 355		PRIMARY REG. DIST. NO. 6203		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <i>Texas</i>				2. USUAL RESIDENCE (Where deceased lived. In institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Texas</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Hartshorn Current</i>		c. LENGTH OF STAY (in this place) <i>Life</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Hartshorn Mo</i>		1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <i>JAMES</i>		b. (Middle) <i>LOTTIS</i>		c. (Last) <i>SUMMERS</i>	
4. DATE OF DEATH		(Month) <i>Nov.</i>		(Day) <i>16</i>		(Year) <i>1954</i>	
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>		8. DATE OF BIRTH <i>April 7, 1881</i>		9. AGE (In years last birthday) <i>73</i>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Arkans. Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>William Summers</i>		13b. MOTHER'S MAIDEN NAME <i>Malinda Biggs</i>		14. NAME OF HUSBAND OR WIFE <i>Della</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Joe Summers, Hartshorn, Mo.</i>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Benign tumor of prostate</i>				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) <i>Uremia</i>					
		DUE TO (c) <i>Senility</i>					
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 <i>177X</i>				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)		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 <i>1948</i> , to <i>Nov 16, 1954</i> , that I last saw the deceased alive on <i>Nov 15, 1954</i> , and that death occurred at <i>1:00 P. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Dr. Lawrence Hamilton</i>				23b. ADDRESS <i>Summersville</i>		23c. DATE SIGNED <i>Dec 7</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>11-18-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Antioch</i>		24d. LOCATION (City, town, or county) (State) <i>Texas Co. Mo.</i>	
DATE REC'D BY LOCAL REG. <i>12-7-54</i>		REGISTRAR'S SIGNATURE <i>Anna Roberta Elliott</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Funeral Home</i>		ADDRESS <i>Houston Mo.</i>	

(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston Ms

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.