

FILED JAN 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41248

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5877

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. CITY OR TOWN KANSAS CITY <i>Rural</i>	
c. LENGTH OF STAY (in this place) 5 days		d. Is residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital		STREET ADDRESS (If rural, give location) 3819 DENTON ROAD	
3. NAME OF DECEASED (Type or Print) a. (First) HERSCHEL b. (Middle) W. c. (Last) SUMMERS		4. DATE OF DEATH (Month) (Day) (Year) December 20, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 31, 1919
9. AGE (In years last birthday) 35		10. IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver		10b. KIND OF BUSINESS OR INDUSTRY Trucking	
11. BIRTHPLACE (City and State or Foreign Country) Racket, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Scott Summers	13b. MOTHER'S MAIDEN NAME Maude Hubbs	14. NAME OF HUSBAND OR WIFE June
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. unk	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Official Records, K.C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Congestion, lungs, acute, passive		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES DUE TO (b) Carcinoma, right cheek Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		1 year
	DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute gastric dilatation		191 X

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" 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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	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 Dec. 15, 1954, to Dec. 20, 1954, and that death occurred at 7:30 Am., from the causes and on the date stated above.

23a. SIGNATURE C. C. YOUNG, M.D. (Degree or title) C. C. Young M.D.	23b. ADDRESS VA Hospital, Kansas City, Mo.	23c. DATE SIGNED 12/20/54
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24a. FUNERAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Dec. 23, 1954	24c. NAME OF CEMETERY OR CREMATORY Local Hills Cemetery Kansas City, Missouri	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. 12-24-54	REGISTRAR'S SIGNATURE new mishell	25. FUNERAL DIRECTOR'S SIGNATURE D. G. Neumann's Inc. Kansas City, Missouri
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WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed *Basil V. Honey*.....

Licensed Embalmer No. *472*

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.