

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43204

State File No.

FILED JAN 17 1955

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 1

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|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Wright</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u> | |
| b. CITY OR TOWN <u>Mtn. Grove, Mo.</u> | c. LENGTH OF STAY (in this place) <u>36 yrs</u> | c. CITY OR TOWN <u>Mtn. Grove,</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>101 S. Green St.</u> | | e. STREET ADDRESS (If rural, give location) <u>101 S. Green, St.</u> <u>1141</u> <u>0</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Theora</u> | b. (Middle) <u>Belle</u> | c. (Last) <u>Summers</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec.</u> <u>29,</u> <u>1954</u> |
|-------------------------------------|--------------------------|--------------------------|--------------------------|---|

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|----------------------|-------------------------------|---|--|---|---|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>April 29, 1908</u> | 9. AGE (In years last birthday) <u>46</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|---|--|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Goodwill, Oklahoma</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Wm. Henderson Hambyn</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Francis Begley</u> | 14. NAME OF HUSBAND OR WIFE <u>Raymond Summers</u> |
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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) <u>No</u> <u>XXX</u> | 16. SOCIAL SECURITY NO. <u>XXX</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Summers,</u> ADDRESS <u>Mtn. Grove, Mo.</u> |
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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u> <u>Not known</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, Stomach</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastasis to lungs</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 Nov 1954, to Dec 29, 1954, that I last saw the deceased alive on Dec 10, 1954, and that death occurred at 5:30A.m., from the causes and on the date stated above.

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|---|---------------------------------------|--------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>Mountain Grove Mo</u> | 23c. DATE SIGNED <u>1-5-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-31-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Mtn. Grove, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>1-5-55</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 348-0 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Russell W. Barber</u> ADDRESS <u>Mtn. Grove, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 15 1963

APR 17 1963

County File Number 155-4
Date Filed 1-15-55

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 *RW Barber*

Licensed Embalmer No. 384

P. O. Address *Mt. Z*

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.