No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

85

State File No.

BIRTH NO. REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's 27

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monett
c. LENGTH OF STAY (in this place): 18 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 404 Pearl St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barry
c. CITY OR TOWN: Monett
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 404 Pearl Street

0056

3. NAME OF DECEASED (Type or Print)
a. (First): VENICE
b. (Middle): PEARL
c. (Last): SUMMERS

4. DATE OF DEATH (Month) (Day) (Year): Jan. 8. 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 8. 1908
9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months: 1 Days: 0
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (City and State or Foreign Country): Laconia, Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert J. Kitterman
13b. MOTHER'S MAIDEN NAME: Cora A. Stevens
14. NAME OF HUSBAND OR WIFE: Charles Summers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 489-24-9737
17. INFORMANT'S SIGNATURE OR NAME: Charles Summers
ADDRESS: Monett, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic cancer of uterus
DUE TO (b) Cancer of the cervix
DUE TO (c)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 5 yrs. / 40 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 10, 1949, *to* Jan 8, 1955, *that I last saw the deceased alive on* Jan 8, 1955, *and that death occurred at* 6:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert R Dolley (Degree or title) M.D.
23b. ADDRESS: Monett Mo
23c. DATE SIGNED: Jan 10, 55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/11/55
24c. NAME OF CEMETERY OR CREMATORY: Waldensian Cemetery
24d. LOCATION (City, town, or county) (State): Barry County. Mo.

DATE REC'D BY LOCAL REG.: 1-11-55
REGISTRAR'S SIGNATURE: Mrs O. N. Cook 487-0
25. FUNERAL DIRECTOR'S SIGNATURE: J. W. Buchanan
ADDRESS: Monett Mo

(Licensed Embalmer's Statement on Reverse Side)

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 155-177

DATE REC. 1-19-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed J. W. Buchanan

Licensed Embalmer No. 317

P. O. Address Monett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.