

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7418**

FILED MAR 28 1955

BIRTH NO. _____		REG. DIST. NO. <b>43</b>		PRIMARY REG. DIST. NO. <b>3007</b>		Registrar's No. <b>224</b>	
1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff, Mo.</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		0129	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>Route #2</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alfred</b> b. (Middle) _____ c. (Last) <b>Summers</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 7, 1955</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>July 19, 1871</b>		9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired R.R. New York Central</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Benton, Ill. /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Ambrose Summers</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Roundtree</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Flora Grisham Poplar Bluff, Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetes Mellitus with acidosis</b> ANTECEDENT CAUSES <b>and Exposure</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) _____	
21d. TIME OF INJURY		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 <b>2-6-</b> 19 <b>55</b> to <b>2-7-</b> 19 <b>55</b> , that I last saw the deceased alive on <b>2-7-</b> 19 <b>55</b> , and that death occurred at <b>8:30A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Mervin R. Barber, M.D.</b>				23b. ADDRESS <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>3/10/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-9-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Kerns Chapel</b>		24d. LOCATION (City, town, or county) (State) <b>Butler County, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>2/22/55</b>		REGISTRAR'S SIGNATURE <b>Frank Muehl</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank-Cotrell Poplar Bluff, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
MAR 25 1955  
BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

SEP 19 1956

**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 Wallace R. Knight

Licensed Embalmer No. 4514  
412

P. O. Address Poplar Bluff - 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.