

FILED APR 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7744**

BIRTH NO. _____ REG. DIST. NO. **106** PRIMARY REG. DIST. NO. **3420** Registrar's No. **96**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Halecomb Twp.		c. CITY OR TOWN White Oak	
c. LENGTH OF STAY (in this place) 2 yrs		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 White Oak mo		e. STREET ADDRESS (If rural, give location) Gen. Del. 03-0	

3. NAME OF DECEASED (Type or Print)	a. (First) Noah	b. (Middle) —	c. (Last) Summers	4. DATE OF DEATH (Month) (Day) (Year) 3-29-1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 14-1893	9. AGE (In years last birthday) 61	10. UNDER 1 YEAR Months 11 Days 14	11. 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) Farming	10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (City and State or Foreign Country) White County, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Summers	13b. MOTHER'S MAIDEN NAME Mary Austin	14. NAME OF HUSBAND OR WIFE Ida Summers
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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) No	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME Ida Summers	ADDRESS White Oak mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 Mch
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) High Blood Pressure		
	DUE TO (c) _____		
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	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) 331 X
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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?
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22. I hereby certify that I attended the deceased from **March 25, 1955**, to **March 29, 1955**, that I last saw the deceased alive on **March 27, 1955**, and that death occurred at **1:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. Callio MD DC	23b. ADDRESS Malden Mo	23c. DATE SIGNED March 29/55
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3-31-1955	24c. NAME OF CEMETERY OR CREMATORY Burong Cemetery	24d. LOCATION (City, town, or county) (State) Salina Mo
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DATE REC'D BY LOCAL REG. 4-2-55	REGISTRAR'S SIGNATURE J. Anderson	25. FUNERAL DIRECTOR'S SIGNATURE Louis Service Kemmatt	ADDRESS mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT ... 4-5-55...
COUNTY FILE NUMBER 455-100...

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 *Edgar Lee Ford*

Licensed Embalmer No. *441*

P. O. Address *Kennett*

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.