

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4237 Registrar's No. 324

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) Raytown		b. COUNTY Clay	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Ex Springs Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5615 Harvard		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS		(If rural, give location) 6001	

3. NAME OF DECEASED (Type or Print)	a. (First) SUSAN	b. (Middle) L.	c. (Last) SUMMERS	4. DATE OF DEATH (Month) (Day) (Year)
				8 - 27 - 55

5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept 23-1923-72	9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) Execler Springs Mo	12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Preston Cornelius	13b. MOTHER'S MAIEN NAME Lucy more	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. 70	17. INFORMANT'S SIGNATURE OR NAME Mrs Lucy Poteet KC 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PORTAL CIRCULOSIS		INTERVAL BETWEEN ONSET AND DEATH 3 YRS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) METASTATIC CARCINOMA 4 MOS		
	DUE TO (c) ADENOCARCINOMA STOMACH 1 YR		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. MYO CARDIAL FAILURE			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 151X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) RAYTOWN JACKSON MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 AUG 1954, to AUG 27, 1955; that I last saw the deceased alive on AUG 27, 1955, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE James M. Mauk Jr. (Degree or title) Dr.	23b. ADDRESS 5715 Blue Ridge, 7P Mo.	23c. DATE SIGNED 8-27-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-27-1955	24c. NAME OF CEMETERY OR CREMATORY Execler Cemetery	24d. LOCATION (City, town, or county) (State) Clay Co. Mo.
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DATE REC'D BY LOCAL REG. 8-27-55	REGISTRAR'S SIGNATURE [Signature]	354	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Hope Funeral Home, Ex Springs Mo.
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WRITE PLAINLY - USING UNFADING 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 <sup>will be</sup> embalmed  
by me, ~~or by~~ *on arrival at Ep Springs, Mo.*, Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *James A. Moler*

Licensed Embalmer No. *329*

P. O. Address *Ep Springs*

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