

FILED NOV 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32737

State File No. 32737

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>486</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>		c. LENGTH OF STAY (in this place) township) <u>6 WKS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN, MO.</u>		d. STREET ADDRESS (If rural, give location) <u>335 S. OLIVE ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTHSIDE HOSPITAL</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>I</u> c. (Last) <u>SUMMERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 29-55</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 14, 1873</u>	9. AGE (In years) Last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>15</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>CRAWFORD CO. MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CHARLES SUMMERS</u>		13b. MOTHER'S MAIDEN NAME <u>JOSAN MELLOCK</u>		14. NAME OF HUSBAND OR WIFE <u>MARGARET SUMMERS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>M.R.S. SPICER</u> ADDRESS <u>ST. LOUIS, MO.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Progressive Cerebral Sclerosis</u>		DUE TO (b) <u>Unknown Cause</u>			DUE TO (c) <u>Arteriosclerotic Heart Disease</u>	<u>2 months</u>
	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. <u>Pulmonary Tuberculosis</u>						<u>10 yrs - 7 yrs -</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200A</u>						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) (Min.)		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 <u>March</u> , 19 <u>47</u> , to <u>October</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>OCT 29</u> , 19 <u>55</u> , and that death occurred at <u>2:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ronald H. Scott, D.O.</u>			23b. ADDRESS <u>Sullivan, Missouri</u>			23c. DATE SIGNED <u>10-31-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 2, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>L.O.O.F. CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SULLIVAN, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>11-2-55</u>		REGISTRAR'S SIGNATURE <u>Thomas G. Amphy</u>		4916		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. W. Eaton</u> ADDRESS <u>Sullivan, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 was embalmed by me, ~~and~~ by _____

Byron J. Bell

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Byron J. Bell*

Licensed Embalmer No. *4927*

P. O. Address *Sullivan, 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.