

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3921**

| | | | | | | | | | |
|---|--|---|--|--|--|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 42 | | PRIMARY REG. DIST. NO. 1000 | | Registrar's No. 213 | | | |
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Buchanan | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. LENGTH OF STAY (in this place) 34 years | | c. CITY OR TOWN St. Joseph | | 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 Missouri Methodist Hospital | | | | e. STREET ADDRESS (If rural, give location) 2420 Sylvania St. 01170 | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) DUNCAN | | | b. (Middle) | | | c. (Last) SUMMERS | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) Feb. 20, 1956 | | | | | | | | | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH June 15, 1881 | | | |
| 9. AGE (In years last birthday) 74 | | IF UNDER 1 YEAR Months | | IF UNDER 24 HRS. Days | | IF UNDER 2 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. salesman | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Morpeth, Canada | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME Thomas Summers | | | 13b. MOTHER'S MAIDEN NAME Elizabeth | | | 14. NAME OF HUSBAND OR WIFE Louisa Summers | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Duncan Summers, 2420 Sylvania, St. Joseph | | | | | |
| 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. | | <p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Arteriosclerosis over 1 yr</p> <p>DUE TO (c) Hypertension over 1 yr</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> | | | | | | INTERVAL BETWEEN ONSET AND DEATH No. 3 days | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 331x | | | | | | 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) 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 9/10 , 1954, to 2/20 , 1956, that I last saw the deceased alive on 2/20 , 1956, and that death occurred at 9:15p. m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Newton Smith M.D. | | | | 23b. ADDRESS 218 North Seventh St. City | | | 23c. DATE SIGNED 2/21/56 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 2/23/1956 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri | | | |
| DATE REC'D BY LOCAL REG. Feb 28, 1956 | | REGISTRAR'S SIGNATURE Kathleen M. Allison 495 | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Newton-Bowman, St. Joseph, Mo. | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

R. D. Collins

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 *Richard D. Collins*.....

Licensed Embalmer No. *4957*
319 La 10th St
P. O. Address *St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.