

FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33057**

|  |  |   |   |   |   |  |  |   |  |                               |  |
|--|--|---|---|---|---|--|--|---|--|-------------------------------|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>13</u>  |   | PRIMARY REG. DIST. NO. <u>3003</u>  |   | Registrar's No. <u>108</u>   |  |   |  |                               |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Barry</u>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Barry</u> |   |  |  |   |  |                               |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Monett</u>   |  | c. LENGTH OF STAY (in this place)<br><u>4 Days</u>  |   | c. CITY OR TOWN <u>Monett</u>   |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |   |  |                               |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent Hospital</u>  |  |   |   | e. STREET ADDRESS (If rural, give location)<br><u>203 Maple St.</u>   |   |  |  |   |  |                               |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>CLYDE</u><br>b. (Middle) _____<br>c. (Last) <u>SUMMERS</u>   |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Oct. 4, 1956</u> |   |   |  |  |   |  |                               |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Never Married</u>  |   | 8. DATE OF BIRTH<br><u>Jan. 15, 1893</u>   |  |   |  |                               |  |
| 9. AGE (In years last birthday) <u>63</u>  |  | IF UNDER 1 YEAR<br>Months <u>9</u> Days <u>12</u>   |   | IF UNDER 24 HRS.<br>Hours _____ Min. _____  |   |  |  |   |  |                               |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>General trucking &amp; farming</u>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY _____                         |   |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>Monett, Mo.</u>  |  |   |  |                               |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |  |   | 13a. FATHER'S NAME<br><u>John W. Summers</u>                    |   | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Miller</u>           |  | 14. NAME OF HUSBAND OR WIFE<br><u>none</u> |   |  |                               |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.<br><u>None</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. Nell Johnson</u>   |   |  |  | ADDRESS<br><u>Monett, Mo.</u>   |  |                               |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                           |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Obstruction of both Ureters &amp; when</u><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b) <u>Carcinoma left kidney?</u><br>DUE TO (c) <u>Lipomatous st. " weeks</u><br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Metastases to heart?</u><br>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<br><u>180X</u>   |   |   |   |  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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>July 30, 1956</u> , to <u>Oct 4, 1956</u> , that I last saw the deceased alive on <u>Oct 3, 1956</u> , and that death occurred at <u>3:40 m.</u> , from the causes and on the date stated above. |  |   |   |   |   |  |  |   |  |                               |  |
| 23a. SIGNATURE<br><u>W. J. Glass, Jr. M.D.</u>   |  |   |   | (Degree or title) _____   |   | 23b. ADDRESS<br><u>Monett, Mo.</u>   |  | 23c. DATE SIGNED<br><u>10/4/56</u>  |  |                               |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 24b. DATE<br><u>10/7/56</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>I.O.O.F.</u>   |   | 24d. LOCATION (City, town, or county) (State)<br><u>Monett, Mo.</u>  |  |   |  |                               |  |
| DATE REC'D BY LOCAL REG.<br><u>10-10-56</u>  |  | REGISTRAR'S SIGNATURE<br><u>Mrs. P. D. Cook</u>   |   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>J. D. Buchanan</u> |  |  |   |  | ADDRESS<br><u>Monett, Mo.</u> |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 1056-172

DATE REC. 10-15-56

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**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 *J. P. Buchanan*.....

Licensed Embalmer No. 3179.....

P. O. Address ..... Monett, 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.