

FILED OCT 14 1957

STANDARD CERTIFICATE OF DEATH

32746

STATE FILE NUMBER

Registration District No. 238 Primary Registration District No. 4355 Registrar's No. 42

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>New Madrid</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>New Madrid</b>		a. <b>Missouri</b>		b. <b>New Madrid</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Length of stay in lb		c. CITY OR TOWN <b>New Madrid</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Catharine</b>				First <b>-----</b>		Last <b>Summers</b>	
4. DATE OF DEATH <b>Oct. 2, 1957</b>		Month <b>Oct.</b>		Day <b>2,</b>		Year <b>1957</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct 1, 1896</b>	9. AGE (In years last birthday) <b>61</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>		11. BIRTHPLACE (City and state or country) <b>New Madrid, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Willie Wade</b>				14. MOTHER'S MAIDEN NAME <b>Unknown</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Headley Summers, New Madrid, Missouri</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage -</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Chronic Alcoholism</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>331x</b>						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <b>-----</b> Month <b>-----</b> Day <b>-----</b> Year <b>-----</b> a. m. <b>-----</b> p. m. <b>-----</b>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>1943</b> to <b>Oct 2 - 1957</b> and last saw her <sup>him</sup> alive on <b>Oct 2 - 1957</b> Death occurred at <b>12:00 Noon</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>O. B. Chandler M.D.</b>				22b. ADDRESS <b>New Madrid Mo</b>		22c. DATE SIGNED <b>10/7/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8 Oct. 57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Sandhill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>New Madrid, Missouri</b>	
24. FUNERAL DIRECTOR <b>Richards Undertaking Co. Mo.</b>				ADDRESS <b>New Madrid</b>		25. DATE RECD. BY LOCAL REG. <b>8 Oct 57</b>	
				26. REGISTRAR'S SIGNATURE <b>Jay Kedgepeth</b>			

DATE RECEIVED OCT 9 1957

NEW MADRID CO. HEALTH CENTER

P. J. S.

JUN 30 1961

**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 Tommy L. Doherty  
Licensed Embalmer No. 148

P. O. Address New Madrid

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