

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2454  
STATE FILE NUMBER

FILED FEB 13 1958

Registration District No. 301 Primary Registration District No. 6032 Registrar's No. 431

1. PLACE OF DEATH a. COUNTY <b>Ripley</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ripley</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Doniphan</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Doniphan</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rt. LDoniphan</b>			Length of stay in lb <b>3 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>Route # 1</b>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>HAROLD</b> Middle <b>GILMORE</b> Last <b>SUMMERS</b>				4. DATE OF DEATH Month <b>Jan.</b> Day <b>6</b> Year <b>1958</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</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>December 1, 1892 65</b>		9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>5</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Ridgeway, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>L. K. Summers</b>				14. MOTHER'S MAIDEN NAME <b>Gertrude Davis</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give year or date of service) <b>Yes WW # 1</b>		16. SOCIAL SECURITY NO. <b>not given</b>		17. INFORMANT Address <b>Mrs. Nina Summers Doniphan, Mo.</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>Myocardial infarction</b>						INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
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>November 1957</b> to <b>Death</b> and last saw <b>him</b> alive on <b>12-29-57</b> Death occurred at <b>afternoon</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Do not write title) <b>Jack D. Cash, M.D.</b>				22b. ADDRESS <b>Corning, Arkansas</b>		22c. DATE SIGNED <b>1-13-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)	
<b>Burial</b>		<b>Jan. 8, 1958</b>	<b>Garden of Memories</b>			<b>Sikeston, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>E. Swain, Nunnelee Funeral Chapel Sikeston</b>				25. DATE RECD. BY LOCAL REG. <b>2-1-58</b>		26. REGISTRAR'S SIGNATURE <b>C. B. Johnston</b>	

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service  
300 1-56  
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 13 1958

FEB 21 1958  
APR 20 1958

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 *Philip J. Cassel*.....  
Licensed Embalmer No.....

P. O. Address *Skieton*

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.