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FILED FEB 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006384
State File No.

BIRTH NO. _____ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 3040 Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe
c. LENGTH OF STAY (in this place): 13 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elliott Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Putnam
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osgood, Mo. 0860
d. STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Allen
c. (Last): Summers

4. DATE OF DEATH (Month) (Day) (Year): Feb. 2, 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Apr. 30, 1872
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, retired
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (City and State or Foreign Country): Putnam, Co., Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Summers
13b. MOTHER'S MAIDEN NAME: Catherine Bryan
14. NAME OF HUSBAND OR WIFE: XX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XX
16. SOCIAL SECURITY NO.: XX
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Ruby Sykes, Kansas City, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Endocarditis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒ 4214

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1957, *to* Feb 2, 1958, *that I last saw the deceased alive on* Jan 30, 1958, *and that death occurred at* 8 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. Tarrant DO
23b. ADDRESS: Chillicothe
23c. DATE SIGNED: 2/3/58

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb. 3, 1958
24c. NAME OF CEMETERY OR CREMATORY: Edgwood cemetery
24d. LOCATION (City, town, or county) (State): Chillicothe, Mo.

DATE REC'D BY LOCAL REG.: 2/3/58
REGISTRAR'S SIGNATURE: Francis B Neill
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Donald Gordon, Chillicothe, Mo.

(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, or by _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Richard H. Bandall

Licensed Embalmer No. 4866

P. O. Address Chillicothe Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.