

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021189  
STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 53 Primary Registration District No. 5185 Registrar's No. 357

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-57

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau Mo</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <b>Missouri Cape Girardeau</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau Mo</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Cape Girardeau Mo.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R.F.D.#1</b>		Length of stay in 1b <b>49yrs</b>	d. STREET ADDRESS (If outside, give location) <b>R.F.D.# 1 Cape Girardeau</b>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Edward Russel Summers</b>			4. DATE OF DEATH Month Day Year <b>June 9. 1958</b>		
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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>April, 14. 1909</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Labor</b>	11. BIRTHPLACE (City and state or country) <b>Cape Girardeau Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
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13a. FATHER'S NAME <b>John Arthur Summers</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Henderickson</b>	14. NAME OF HUSBAND OR WIFE <b>Myrtle Griffin Summers</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>500-18-2925</b>	17. INFORMANT Address <b>Myrtle Summers R#1 Cape Girardeau Mo</b>
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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>Spontaneous Subarachnoid Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>25 da</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	<b>330X</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.)
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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
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21. I attended the deceased from <b>5/3/58</b> to <b>June 9, 1958</b> and last saw him alive on <b>5/27/58</b> Death occurred at <b>2:30PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Harold Reding M.D.</b>	22b. ADDRESS <b>Cape Girardeau, Mo</b>	22c. DATE SIGNED <b>6/12/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6/12/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lormier Cemt</b>	23d. LOCATION (City, town, or county) (State) <b>Cape Girardeau Mo</b>
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24. FUNERAL DIRECTOR ADDRESS <b>L.L.Haman Cape Girardeau Mo</b>	25. DATE RECD. BY LOCAL REG. <b>June 16, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Mr. Homer C. Cooper</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION  
 All diseases in Part I must be causally related.

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JUN 23 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 *J. J. Hanon* .....

Licensed Embalmer No. 2863 .....

P. O. Address Cape Girardeau .....

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.