

FILED JUL 14 1958		Registration District No. 128	Primary Registration District No. 200	Registrar's No. 708
1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SPRINGFIELD 03960	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST HOSP.		Length of stay in 1b 50 YRS.	d. STREET ADDRESS (If outside, give location) 1838 E. GRAND	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First IRENE Middle SUMMERFIELD Last			4. DATE OF DEATH Month JULY Day 10 Year 1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 25 1874	9. AGE (In years last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MUSCHTAH, KANSAS	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JESSIE OSBORN		13b. MOTHER'S MAIDEN NAME ANNA GUINN		14. NAME OF HUSBAND OR WIFE CHARLES SUMMERFIELD
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. ?	17. INFORMANT Address CARL SUMMERFIELD SPRINGFIELD, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute myocardial infarction</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>arteriosclerotic Heart disease</i> DUE TO (c) <i>4800</i>				INTERVAL BETWEEN ONSET AND DEATH <i>12 days</i> <i>Unknown</i>
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 <i>6/28/58</i> to <i>7/10/58</i> and last saw her alive on <i>7/9/58</i> Death occurred at <i>7:45 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>Thomas C. Locking, M.D.</i>		(Degree or title)	22b. ADDRESS <i>Springfield, Mo.</i>	22c. DATE SIGNED <i>7/11/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE <i>7/12/58</i>	23c. NAME OF CEMETERY OR CREMATORY HAZELWOOD		23d. LOCATION (City, town, or county) SPRINGFIELD, MO. (State)
24. FUNERAL DIRECTOR H.H. LOHMEYER		ADDRESS SPRINGFIELD, MO.	25. DATE RECD. BY LOCAL REG. <i>7-11-58</i>	26. REGISTRAR'S SIGNATURE <i>Effie S. Melton</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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

*Ornt*

Signed *A. L. McCann* .....

Licensed Embalmer No. *2727* .....  
City Address *Springfield, Mass.* .....

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.