

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022561
STATE FILE NUMBER

FILED JUN 26 1958

Registration District No. 200 Primary Registration District No. 5773 Registrar's No. 73

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN College Mound		c. CITY OR TOWN College Mound	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION -----		d. STREET ADDRESS (If outside, give location) 0610 ---	
3. NAME OF DECEASED (Type or print) First N. Middle O. Last Summers		4. DATE OF DEATH Month 6 Day 5 Year 58	
5. SEX Male	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 5-31-75
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		9b. KIND OF BUSINESS OR INDUSTRY College Mound, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY College Mound, Missouri	
11. BIRTHPLACE (City and state or country) 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Sidney Summers		13b. MOTHER'S MAIDEN NAME Mollie Gipson	
14. NAME OF HUSBAND OR WIFE Christiana Summers		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. no		17. INFORMANT Address Christiana Summers College Md. 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) Coronary thrombotic DUE TO (b) Arteriosclerosis DUE TO (c) Senility			INTERVAL BETWEEN ONSET AND DEATH 2 DAYS ?
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from May 15, 1958 , to June 5, 1958 and last saw her alive on June 4, 1958 Death occurred at 9:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or print) M. C. Updyke		22b. ADDRESS Huntville	
22c. DATE SIGNED 6/14/58		23a. NAME OF CEMETERY OR CREMATORY	
23b. DATE 6-7-58		23c. LOCATION (City, town, or county) (State) College Mound Missouri	
24. FUNERAL DIRECTOR H. S. Edwards		25. DATE RECD. BY LOCAL REG. 6/14/58	
26. REGISTRAR'S SIGNATURE Curt McNeely			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

County / No. 100
Date Filed 6.25.58

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 *H. S. Edwards*

Licensed Embalmer No. *1961*

P. O. Address *Berlin Mo*

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.