

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025287  
STATE FILE NUMBER

FILED JUL 28 1958 Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 47

5. 300  
1-57  
0461

1. PLACE OF DEATH a. COUNTY <b>Howell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>West Plains</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>West Plains</b> <b>0461</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>residence</b>		Length of stay in 1b <b>7 years</b>	d. STREET ADDRESS <b>1132 Grace Ave.</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>EDWARD</b> Middle <b>LAWRENCE</b> Last <b>SUMMERS</b>			4. DATE OF DEATH Month <b>July</b> Day <b>15</b> Year <b>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>June 18, 1873</b>	9. AGE (In years last birthday) <b>85</b>	10. FUNDER 1 YEAR Months <b>6</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	11. IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>	11. BIRTHPLACE (City and state or country) <b>Milan, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>6</b>
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13a. FATHER'S NAME <b>Abner Summers</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Dillon</b>	14. NAME OF HUSBAND OR WIFE <b>Cornealia Linville</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)	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Jim Summers, West Plains, Mo.</b>	Address
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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>Cerebral hem. - hemiplegia rt.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>one week</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Hypertension</b>	<b>four years</b>
	DUE TO (c) <b>331X</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>senility without dementia</b>		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 <b>7:25</b> Month, Day, Year <b>p.m.</b>	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 <b>West Plains, Mo.</b>	COUNTY	STATE
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21. I attended the deceased from <b>July 12, 1958</b> to <b>July 15, 1958</b> and last saw <sup>him</sup> alive on <b>July 15, 1958</b> Death occurred at <b>7:25 p.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>Virgil D. Taylor</i> (Degree or title) <b>D.O.</b>	22b. ADDRESS <b>404 W. Main, West Plains, Mo.</b>	22c. DATE SIGNED <b>7/20/58</b>

23a. BURIAL, CREATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>Jul. 17, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Elk Creek Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>West Plains, Missouri</b>
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24. FUNERAL DIRECTOR <i>Hal Homburg</i>	ADDRESS <b>THROSBURG FUNERAL HOME WEST PLAINS, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>7-23-58</b>	26. REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

790

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 Hal Thorneburgh

Licensed Embalmer No. **3408**  
THORNEBURGH FUNERAL HOME  
P. O. Address ..... WEST PLAINS, 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.