

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027783

FILED VS AUG 10 1959 24

Primary Registration District No. 3072 Registrar's No. 124

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Saline			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall			Length of stay in 1b 5 days		c. CITY OR TOWN Shackelford		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2 M SW of Shackelford		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BRIDGET Middle ELIZABETH Last SUMMERS				4. DATE OF DEATH Month August Day 1 Year 1959			
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 2-27-1892	
9. AGE (last birthday) 67 Yrs.		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Saline Co., Mo		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Richard Barr			13b. MOTHER'S MAIDEN NAME Catherine Holmes			14. NAME OF HUSBAND OR WIFE M.F. 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 M.F. Summers Shackelford 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) - Acute Hemorrhagic Pancreatitis 5 days. DUE TO (b) - Possible Pancreatic Duct Obst. Unknown DUE TO (c) - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Cholecystitis & Cholelithiasis						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____ a.m. _____ p.m.		Month, Day, Year					
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 July 27 1959 to July 31 and last saw him alive on July 31 . Death occurred at 9 A.M. on the date stated above, and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (Degree or title) B. J. Sweeney				22b. ADDRESS Marshall, Missouri		22c. DATE SIGNED 8-3-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-4-1959	23c. NAME OF CEMETERY OR CREMATORY St Mary Catholic Cemetery		23d. LOCATION (City, town, or county) (State) Saline Co, Missouri		
24. FUNERAL DIRECTOR Sweeney-Reser Funeral Home Marshall				25. DATE RECD. BY LOCAL REG. 8-3-59		26. REGISTRAR'S SIGNATURE Cecil G. Reed	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 14 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack W. Reese

Licensed Embalmer No. 4643

P. O. Address Marshall,

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.