URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-010024
STATE FILE NUMBER

FILED VS MAR 28 1960 042 Registration District No. _____ Primary Registration District No. 1000 Registrar's No. 359

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: 5 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2205 Edmond Street — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Gentry
c. CITY OR TOWN: Gentry — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R# 1. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Kathryn Middle: Jenkins Last: Summa
4. DATE OF DEATH: Month: March Day: 19, Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Apr.4,1892
9. AGE (last birthday): 67 — 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: At home
11. BIRTHPLACE (City and state or country): Chillicothe, Missouri.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Edward Chapin
13b. MOTHER'S MAIDEN NAME: Olia Jenkins
14. NAME OF HUSBAND OR WIFE: Edwain Earl Summa
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. Edwin E. Summa Address: Gentry, Missouri.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Generalized Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 3 Mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of ovary — unknown
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 2-14-60, to 3-19-60 and last saw her/him alive on 3-19-60
Death occurred at 8:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Clement C. Fitz Moor M.D. (Degree or title)
22b. ADDRESS: St Joseph Mo
22c. DATE SIGNED: 3-21-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Mar.22,1960
23c. NAME OF CEMETERY OR CREMATORY: Carmack Cemetery
23d. LOCATION (City, town, or county) (State): Gentry Co., Missouri.

24. FUNERAL DIRECTOR: Brook-Cochell Funeral Home. ADDRESS: Albany, Mo.
25. DATE RECD. BY LOCAL REG.: Mar 23, 1960
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

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 Me, Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed Donald E. Cockell

Licensed Embalmer No. 4868

P. O. Address Albany, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.