URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED VS OCT 27 1960

-60-038986

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. _____ Registrar's No. 165

ENDED

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hudson Twp
Length of stay in 1b: 1 mo. 19 da
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Still-Hildreth Osteopathic Hospital
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN: Macon
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 307 Douglas
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Joseph Middle: Marion Last: Summers

4. DATE OF DEATH: Month: August Day: 12 Year: 1960

5. SEX: male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2/8/1878

9. AGE (last birthday): 82
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)

10b. KIND OF BUSINESS OR INDUSTRY: retired farmer

11. BIRTHPLACE (City and state or country): Monticello, Kentucky

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Perry Summers

13b. MOTHER'S MAIDEN NAME: Mason

14. NAME OF HUSBAND OR WIFE: Jennie 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: Jennie Summers Address: Macon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Medullary Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Thrombotic Encephalomalacia
DUE TO (c): Arteriosclerosis

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)

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 June 25, 1960, to Aug. 12, 1960 and last saw her/him alive on August 12, 1960

Death occurred at 5:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Harry S. Hill D.O. (Degree or title)

22b. ADDRESS: Macon, Missouri

22c. DATE SIGNED: 8/12/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: August 14'60

23c. NAME OF CEMETERY OR CREMATORY: Callao Cemetary

23d. LOCATION (City, town, or county) (State): Callao, Missouri

24. FUNERAL DIRECTOR: Lester Hutton ADDRESS: Macon, Mo.

25. DATE RECD. BY LOCAL REG.: 10/25/60

26. REGISTRAR'S SIGNATURE: Ruth McCreedy

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JAN 17 1961

VS OCT 27 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Charles L. Hutton

Signature of Student Embalmer

Licensed Embalmer No. Y 457

P. O. Address Macon,

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.