

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037502

STATE FILE NUMBER

AMENDED

FILED OCT 23 1961 Primary Registration District No. 3032 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Johnson																	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		Length of stay in 1b 2 Weeks		c. CITY OR TOWN Warrensburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>															
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR WARRENSBURG MEDICAL INSTITUTION Center			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 208 E. Oak St		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>														
3. NAME OF DECEASED (Type or print) First Middle Last Flora Belle Summers				4. DATE OF DEATH Month Day Year October 17, 1961																	
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/10/85		9. AGE (last birthday) 76		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 Own Home		11. BIRTHPLACE (City and state or country) Randolph County, Ind.		12. CITIZEN OF WHAT COUNTRY U.S.A.													
13a. FATHER'S NAME Henry A. Mosier				13b. MOTHER'S MAIDEN NAME Belinda Caroline Lasley				14. NAME OF HUSBAND OR WIFE Zeddie Summers													
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None				16. SOCIAL SECURITY NO. None		17. INFORMANT Zedde Summers-Warrensburg, Mo.				Address											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cancerous of lung, metastatic</i> DUE TO (b) <i>Carcinoma of colon</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 yrs</i> <i>8 years</i>											
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown													
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. 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 <i>10-17-61</i> to <i>10-17-61</i> and last saw her <i>live</i> on <i>10-17-61</i> Death occurred at <i>3:35 PM</i> on the date stated above, and to the best of my knowledge, from the causes stated.										22a. SIGNATURE (Degree or title) <i>[Signature]</i>				22b. ADDRESS Warrensburg, Missouri				22c. DATE SIGNED 10-18-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/19/61		23c. NAME OF CEMETERY OR CREMATORY Sunset Hill				23d. LOCATION (City, town, or county) Warrensburg, Mo.													
24. FUNERAL DIRECTOR Sweeney-Phillips-Warrensburg, Mo.				25. DATE RECD. BY LOCAL REG. Oct. 18, 1961				26. REGISTRAR'S SIGNATURE <i>[Signature]</i>													

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg

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.