

CERTIFICATE OF DEATH

Registration District No. 120

Primary Registration District No. 4194

Registrar's No. 111

124

70 0040605

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/70

DECEASED—NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. ROSS		(JACK)		SUMMERS				2. Male	3. October 31, 1970	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		5a. 81		5b. MOS. DAYS		5c. HOURS MIN.		6. Aug 20, 1889		7a. Gentry
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)						
7b. Albany		7c. Yes		7d. Gentry County Memorial Hospital						
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)				
8. Indiana		9. USA		10. Married		11. Martha A. Summers (Nelson)				
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY						
12. 319-12-0314-A		13a. Retired Farmer		13b. Farming						
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER		
14a. Missouri		14b. Nodaway		14c. Guilford		14d. Yes		14e. ---		
FATHER—NAME		FIRST		MIDDLE		LAST		MOTHER—MAIDEN NAME		FIRST MIDDLE LAST
15. Benjamin		--		Summers				16. (Smith) Harriet		-- Smith Summers
INFORMANT—NAME		MAILING ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
17a. Mr. Orval Nelson (Step-son)		17b. Guilford, Missouri		64457						
PART I. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
18. IMMEDIATE CAUSE		(a) <u>Coronary occlusion</u>		5-7 min.						
DUE TO, OR AS A CONSEQUENCE OF:		(b)								
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(c)								
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						
19. <u>Old CVA.</u>		19a. NO		19b. YES						
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)				
20a.		20b.		20c.		20d.				
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS				
20e.		20f.		20g.		20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON		I DID/DID NOT VIEW THE BODY AFTER DEATH.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. 7 2 63		21b. 10 31 70		21c. 10 31 70		21d. died		21e. 7:30 A.M.		21f. 11/5/70
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		MONTH DAY YEAR		HOUR		
22a.		22b.		22c.		22d.		22e.		
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)				
23a. Bernie Parsons, M.D.		23b. <u>Bernie Parsons M.D.</u>		23c. <u>Albany, MO.</u>		23d. <u>64402</u>				
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP		
23a.		23b.		23c.		23d.		23e.		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE				
24a. Burial		24b. Graves Cemetery		24c. Guilford, Missouri						
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP						
24d. Nov. 2, 1970		24e. JOHNSON FUNERAL HOMES, E. 2nd and Elm, Stanberry, MO		Mo. 64489						
FUNERAL DIRECTOR—SIGNATURE		REGISTERED SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR						
25a. <u>James Johnson</u>		25b. <u>M.D. W. Bare</u>		25c. <u>11-8-70</u>						

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 1740

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

9. 0
10a. 81
10b. 4.0380
11. 1
12. 1
13. 4109
14. 4
15. 4
16. 4
17. 4
18. 0
19. CREDITS
20. 1-0

*P. obtained
10-31-70*

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 *Ross Egan Johnson*

Licensed Embalmer No. 4948

P. O. Address Stanberry, 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.