

8850 REC'D MAR 23 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7911  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Randolph Registration District No. 733  
(b) Township Huntsville Primary Registration District No. 4438 Registered No. \_\_\_\_\_  
(c) City Huntsville (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

MERLE SUMMERS 562  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mary Summers (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
56 4 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Coal miner

9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) macon Co Mo

13. NAME Jim Lewis Summers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) macon Co Mo

15. MAIDEN NAME Mary Roberts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mary E. Cross (ADDRESS) Huntsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville DATE Feb. 10 1938

19. FUNERAL DIRECTOR Tom B. Patton (ADDRESS) Huntsville Mo

20. FILED mu. 10 19 38 mo. 10. a. Bamhart Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1937 to Feb 5, 1938

I last saw him alive on Feb 5, 1938 Death is said

to have occurred on the date stated above, at 12:25 P.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis with mitral insufficiency, acute dilatation of heart Date of onset \_\_\_\_\_

Other contributory causes of importance: none

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) A. H. Johnston, D. O., M. D.

(Address) Huntsville, Mo.

---

---

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No..... or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**