

No. 300  
10. 48

FILED FEB 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3765

State File No. ....

83  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6961 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>PLATTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FARLEY Lee</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FARLEY LEE TWP.</u> <u>83</u>	
c. LENGTH OF STAY (in this place) <u>1 yr.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>EVRED</u> c. (Last) <u>SUMMERFIELD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 8, 1949</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC. 28, 1866</u>
9. AGE (in years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>WM. SUMMERFIELD</u>		13b. MOTHER'S MAIDEN NAME <u>ANN HORTON</u>	
14. NAME OF HUSBAND OR WIFE <u>EMMA E. SUMMERFIELD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>ARTIE BELLE SUMMERFIELD</u>		ADDRESS <u>FARLEY, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leakage of the heart</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 1, 1948</u> , to <u>Feb 8, 1949</u> , that I last saw the deceased alive on <u>Feb 7, 1949</u> , and that death occurred at <u>7 a.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Underwood M.D.</u> (Degree or title)		23b. ADDRESS <u>Parkville Mo.</u>	
23c. DATE SIGNED <u>Feb 12/49</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-10-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>PLATTE CITY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>PLATTE CITY Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 12-49</u>		REGISTRAR'S SIGNATURE <u>254</u> <u>Opheia Rollins</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Rollins + Mitchell</u>		ADDRESS <u>Platte City, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 22 1950

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-24-49

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 \_\_\_\_\_

ROLAND M. GIFFEE

Student Embalmer No. 260

working under my personal supervision.

Student Roland M. Giffee  
Student Embalmer

Signed \_\_\_\_\_

J. N. Brill

Licensed Embalmer No. 832

P. O. Address Weston Ncd

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 this body is not embalmed, fact should be so stated above.