

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37529

State File No.

FILED NOV 22 1949

4648

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|--|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>38 years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | d. STREET ADDRESS (If rural, give location) <u>3123 East 9th Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3123 East 9th Street</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3123 East 9th Street</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>PETE</u> (Type or Print) <u>Pete</u> | | b. (Middle) <u>A.</u> | | c. (Last) <u>SUMMERS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1, 1949</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u> | | 8. DATE OF BIRTH <u>Nov. 18, 1870</u> | |
| 9. AGE (In years last birthday) <u>78</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Power Man</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. Power and Light</u> | | 11. BIRTHPLACE (State or foreign country) <u>Washington, Indiana</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> | |
| 13a. FATHER'S NAME <u>Fabian A. Summers</u> | | 13b. MOTHER'S MAIDEN NAME <u>Harriet Ann Bramble</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lelia I. Summers</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>193-12-3892</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Margaret Rellihan 3123 E. 9th St.</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephrosclerosis c. Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Hypertension since Jan 49</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4467</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) _____ m. | | 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>11/7</u> , 19 <u>47</u> , to <u>11/1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11/1</u> , 19 <u>49</u> and that death occurred at <u>2:35 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>J. G. Leitch</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>1609 Pryor Rd. - Kansas</u> | | 23c. DATE SIGNED <u>11/1/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11-3-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>11-1-49</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Eylar Kansas City, Mo.</u> | | | |

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

VI 1109
10:30 TILL 5 PM

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
Student Embalmer

Signed

Glenn E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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 this body is not embalmed, fact should be so stated above.