

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

904

State File No.

Registrar's No. 101-B

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5465</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route 4 Rural-N. Campbell Twp</u>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route 4 Rural-N. Campbell Twp</u>		d. STREET ADDRESS (If rural, give location) <u>Springfield, Rt. 4</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Springfield, Rt. 4</u>			d. STREET ADDRESS (If rural, give location) <u>Springfield, Rt. 4</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Columbus</u> c. (Last) <u>Summers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2 1950</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>May 23, 1875</u>		9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR: Months <u>8</u> Days <u>10</u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter & Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Stone Co, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Price Summers</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Stone</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harry Summers, Crane, Mo.</u>		ADDRESS _____	
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>Stroke</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>kidney trouble</u> DUE TO (c) <u>kidney</u>		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>kidney poisoning stroke</u>		<u>337X</u>
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield</u> _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>no</u>	
22. I hereby certify that I attended the deceased from <u>Jan 10 1949</u> , to <u>7A Feb 2 1950</u> , that I last saw the deceased alive on <u>Jan 2 1950</u> , and that death occurred at <u>10:00 a.m.</u> , from the causes and of the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. H. Handley M.D.</u>			23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED _____
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-5, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>
DATE REC'D BY LOCAL BFG. <u>2-4-50</u>		REGISTRAR'S SIGNATURE <u>W. H. Handley M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Springfield, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed *P. J. McCann*

Signed.....
Student Embalmer

Licensed Embalmer No. 2727

P. O. Address Springfield, 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.