

FILED FEB 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

976

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 5542 Registrar's No. L

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jayette Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. Boone Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ON way to Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna</u> b. (Middle) _____ c. (Last) <u>Summelter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 26 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 6 - 1907</u>
9. AGE (In years last birthday) <u>44</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	11. BIRTHPLACE (State or foreign country) <u>Mandolph Co</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School Teacher</u>	
11. BIRTHPLACE (State or foreign country) <u>Mandolph Co</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>B. J. Kirby</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Comstock</u>	
14. NAME OF HUSBAND OR WIFE <u>Rollin Summelter</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Rollin Summelter</u> ADDRESS <u>Highell 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>Asphyxia</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aspiration of foreign body (marshmallow)</u> <u>16 minutes</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>46</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1248</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Myers School, Howard Co. Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Howard County Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 26 1951 9:20 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Aspirated marshmallow</u>		22. I hereby certify that I attended the deceased from <u>Jan 26 1951</u> , to <u>Jan 26 1951</u> , that I last saw the deceased alive on <u>Jan 26 1951</u> , and that death occurred at <u>9:20 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Frank D. Dean M.D.</u>		23b. ADDRESS <u>Leo Hospital, Jayette Mo</u>	
23c. DATE SIGNED <u>1-31-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	
24b. DATE <u>Jan 28-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Highell Mo</u>	
24d. LOCATION (City, town, or county) (State) <u>Highell Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mary K. Shelton</u> ADDRESS <u>Burton Funeral Home Highell Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-31-51</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shelton</u>	

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

4500  
3

RECEIVED 2851

DISTRICT HEALTH OFFICE No. 3

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

Date Filed 2-8-51

1951 6 AM

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

*Ell Friemuth*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.