

FILED FEB 28 1951

THE DIVISION OF HEALTH OF MASSACHUSETTS  
STANDARD CERTIFICATE OF DEATH

State File No. 4078

0164  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Cape Cod</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Massachusetts</u> b. COUNTY <u>Cape Cod</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Cod</u>		c. LENGTH OF STAY (In this place) <u>4 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson</u>		0160
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp</u>			d. STREET ADDRESS <u>Route</u>		
3. NAME OF DECEASED a. (First) <u>Alexander</u> b. (Middle) <u>-</u> c. (Last) <u>Summers</u>			4. DATE OF DEATH (Month) <u>2</u> (Day) <u>23</u> (Year) <u>1951</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-21-1860</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Month <u>5</u> Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Green Hill Mo</u>		12. CITIZENSHIP OF WHAT COUNTRY <u>Mo</u>
13a. FATHER'S NAME <u>Steven Summers</u>		13b. MOTHER'S MAIDEN NAME <u>Untnewagon</u>		14. NAME OF HUSBAND OR WIFE <u>Untnewagon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Sommer-Shaw 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.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hypoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>334x</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis</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)		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>4/19, 1951</u> , to <u>2/23, 1951</u> , that I last saw the deceased alive on <u>2/23, 1951</u> , and that death occurred at <u>2 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>A. Dwyer</u>			23b. ADDRESS <u>110 Cape Cod Highway</u>		23c. DATE SIGNED <u>2/24/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2/24/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-24-1951</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Newell</u> ADDRESS <u>Cape Cod</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

FEB 26 1951

DISTRICT HEALTH OFFICE No. 6

Title No.....

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed..... *W. H. Estes* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *3568* .....

P. O. Address *Page Residence* .....

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.