

S. No. 300
V. 10.48

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4321 State File No. 13276
40-22 Registrar's No. 37

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) Mercer		c. CITY (If outside corporate limits, write RURAL and give township) Mercer	
c. LENGTH OF STAY (In this place) 25 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Taylor c. (Last) Summers			4. DATE OF DEATH (Month) (Day) (Year) April 4, 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 30, 1868	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery Store		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Bright Summers		13b. MOTHER'S MAIDEN NAME Sarah Ann Stout		14. NAME OF HUSBAND OR WIFE Della Summers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME William B. Summers	
				ADDRESS Mercer Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Anoxia				3 min.	
ANTECEDENT CAUSES		DUE TO (b) Bronchogenic					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Carcinoma				6 mo's	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 162x				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?			

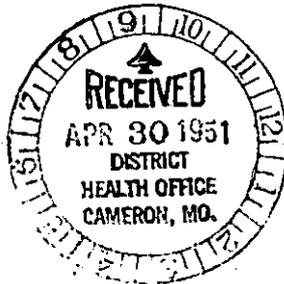
22. I hereby certify that I attended the deceased from Jan 3, 1947, to April 4, 1951, that I last saw the deceased alive on April 4, 1951, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE Geo. Brown		23b. ADDRESS Mercer, Mo.		23c. DATE SIGNED April 7 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 6, 1951		24c. NAME OF CEMETERY OR CREMATORY Lowry Cemetery	
				24d. LOCATION (City, town, or county) (State) Mercer County Mo.	

DATE REC'D BY LOCAL REG. 4-20-51		REGISTRAR'S SIGNATURE M. J. Keith		393		FUNERAL DIRECTOR'S SIGNATURE James ...		ADDRESS Lucille, Ia.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

Ames L. Greenlee

Signed.....
Student Embalmer

Licensed Embalmer No. 3967

P. O. Address *Linnville Iowa*

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.