S. No. 300
v. 10.48

FILED JUN 18 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19513

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 620

0117

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph
c. LENGTH OF STAY (In this place): 10 mos 16 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Mercer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Mercer Mo
d. STREET ADDRESS (If rural, give location): 0650

3. NAME OF DECEASED (Type or Print)
a. (First): Daniel
b. (Middle): Edward
c. (Last): Summers

4. DATE OF DEATH (Month) (Day) (Year): June 10 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Not Known
9. AGE (In years last birthday): 84 — 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): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Unionville Mo
12. CITIZEN OF WHAT COUNTRY?: America

13a. FATHER'S NAME: Not Known
13b. MOTHER'S MAIDEN NAME: Not Known
14. NAME OF HUSBAND OR WIFE: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Nil
17. INFORMANT'S SIGNATURE OR NAME: John 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: a few days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 20 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Psychotic — 1 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 490X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-10, 1951, *to* 6-10, 1951, *that I last saw the deceased alive on* 6-10, 1951, *and that death occurred at* 3:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Loosins M.D.
23b. ADDRESS: State Hospital #2
23c. DATE SIGNED: 6-10-1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 10, 1951
24c. NAME OF CEMETERY OR CREMATORY: Lineville, Iowa
24d. LOCATION (City, town, or county) (State): Lineville Iowa

DATE REC'D BY LOCAL REG.: June 11, 1951
REGISTRAR'S SIGNATURE: Carl C. Castillo 446
25. FUNERAL DIRECTOR'S SIGNATURE: Herman Wm Sidenfaden — ADDRESS: 1802 Union St

(Licensed Embalmer's Statement on Reverse Side)

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.