

FILED AUG 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27878**

BIRTH NO. _____		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>4421</u>		Registrar's No. <u>49</u>			
1. PLACE OF DEATH a. COUNTY <b>PLATTE</b> <u>0830</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PLATTE</b>					
b. CITY OR TOWN <b>PARKEVILLE</b>		c. LENGTH OF STAY (In this place) <b>74 Yrs.</b>		c. CITY OR TOWN <b>PARKEVILLE</b> <u>0830</u>		d. STREET ADDRESS (If rural, give location) <b>PARKEVILLE</b> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PARKEVILLE</b>				d. STREET ADDRESS (If rural, give location) <b>PARKEVILLE</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>NANNIE</b>		b. (Middle) <b>JANE</b>		c. (Last) <b>CAVE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 8, 1951</b>			
5. SEX <b>Female</b> <u>3</u>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>May 1, 1868</b>			
9. AGE (In years last birthday) <b>83</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Platte City, Missouri</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>John Norton Summers</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Spencer Cave (Dec.)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Daisy Mize</b>		ADDRESS <b>Parkeville, Mo.</b>			
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) <b>Cerebral Hemorrhage</b>				ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis &amp; hypertension</b>					
DUE TO (c)				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 <b>331X</b>				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) m.		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>7/24</u> , 19 <u>51</u> , to <u>8/8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8/8</u> , 19 <u>51</u> , and that death occurred at <u>5:25</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Edith Jennings, M.D.</b>				23b. ADDRESS <b>Parkeville, Mo.</b>		23c. DATE SIGNED <b>8/11/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 15/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Parkeville, Mo.</b>		24d. LOCATION (City, town, or county) (State) <b>Parkeville, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>8-15-51</b>		REGISTRAR'S SIGNATURE <b>Alpha Rollins</b> <u>157</u>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Bros</b>		ADDRESS <b>2814 E 18th St K.C. Mo.</b>			

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.

Student .....  
Student Embalmer

Signed Burns R. Watkins

Licensed Embalmer No. 4500

P. O. Address 2814 E. 1st St

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.