

STANDARD CERTIFICATE OF DEATH

State File No. **34668**

FILED OCT 17 1951

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY PUTNAM		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PUTNAM	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) WESLEY c. (Last) SUMMERS			4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 3, 1951		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JANUARY 6, 1878	9. AGE (In years) (last birthday) 73	10. MONTHS 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PROPRIETOR			10b. KIND OF BUSINESS OR INDUSTRY THEATRE OWNER		11. BIRTHPLACE (State or foreign country) PUTNAM COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME JOEL BONNIE SUMMERS	13b. MOTHER'S MAIDEN NAME ELLAN CAROLINE SHELTON	14. NAME OF HUSBAND OR WIFE LILLIE SUMMERS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. LILLIE SUMMERS
		ADDRESS UNIONVILLE, MISSOURI

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH 9 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ 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.		

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) NA	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331X
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 **9/27**, 19**47**, to **10/3**, 19**51**, that I last saw the deceased alive on **10/2**, 19**47**, and that death occurred at **1:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>W. H. Johnson M.D.</i>	(Degree or title) D	23b. ADDRESS Unionville Mo	23c. DATE SIGNED 10/2/51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 5, 1951	24c. NAME OF CEMETERY OR CREMATORY UNIONVILLE CEMETERY	24d. LOCATION (City, town, or county) (State) UNIONVILLE, MISSOURI
DATE REC'D BY LOCAL REG. 10-12-51	REGISTRAR'S SIGNATURE <i>Marcell Durbin</i>	25. FUNERAL DIRECTOR'S SIGNATURE COMSTOCK FUNERAL HOME	ADDRESS Unionville, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

0860

Date Received: OCT 15 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-57-1838
Date Filed: OCT 15 1951

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.....

John A. Comstock

Signed.....
Student Embalmer

Licensed Embalmer No. 3891

P. O. Address

Unionville, 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.