

LED JUN 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15880
2118

BIRTH NO. _____ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY Clay Co. | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY J. Clay | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY, North | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY, North 0248 AU | |
| c. LENGTH OF STAY (in this place) 62 YRS | | d. STREET ADDRESS (If rural, give location) 1000 E. VIVIAN ROAD * NORTH | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1000 E. VIVIAN ROAD * NORTH | | | |

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|-------------------------------------|------------------------|-----------------------|-----------------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) MARY | b. (Middle) P. | c. (Last) TRIPLETT SUMMERS | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | 5 - 6 - 52 |

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|-----------------|---------------------------|---|---------------------------------------|---|------------------------|-----------------------|-----------------------|
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW | 8. DATE OF BIRTH June 13, 1869 | 9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months | IF UNDER 6 HRS. Hours | IF UNDER 15 MIN. Min. |
|-----------------|---------------------------|---|---------------------------------------|---|------------------------|-----------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) KENTUCKY | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME SANFORD B. TRIPLETT | 13b. MOTHER'S MAIDEN NAME CAROLINE ROBERTSON | 14. NAME OF HUSBAND OR WIFE WM. J. SUMMERS (DEC.) |
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| 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. _____ | 17. INFORMANT'S SIGNATURE OR NAME MISS LEWTE SUMMERS | ADDRESS 1000 E. VIVIAN RD. NO. |
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| 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary insufficiency | | Months |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senescent arteriosclerosis | | Years |
| DUE TO (c) | | | 4201 |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **Sept 1951**, to **6 May 1952**, that I last saw the deceased alive on **Jan 1952**, and that death occurred at **9:00 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE R. D. Dwyer (Degree or title) M.D. | 23b. ADDRESS 1907 Swift Ave. North Kansas | 23c. DATE SIGNED 8 May 1952 |
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|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 07 29 52 | 24c. NAME OF CEMETERY OR CREMATORY FOREST HILL | 24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO. |
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| DATE REC'D BY LOCAL REG. 5-8-52 | REGISTRAR'S SIGNATURE Gereldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE STINE & MCCLURE | ADDRESS KANSAS CITY, MO. |
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

48
1

101
K. W. G. B.
1902
K. W. G. B.

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 F. D. Walton

Licensed Embalmer No. 2744

P. O. Address K. E. W.

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.