

FILED JUN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23325**

BIRTH NO. _____ REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **6136** Registrar's No. **189**

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Shannon	
b. CITY OR TOWN Springvalley tnsnip		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Springvalley tnsnip	
c. LENGTH OF STAY (In this place) 47 yrs		d. STREET ADDRESS (If rural, give location) Rt 3 Smsville, Mo. 1010	
3. NAME OF DECEASED (Type or Print) a. (First) Timothy b. (Middle) Hamilton c. (Last) Summers		4. DATE OF DEATH (Month) (Day) (Year) May 1-1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Jan 26-1875
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 3 Days 6	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ink, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George W Summers	
13b. MOTHER'S MAIDEN NAME Katheryn McHenry		14. NAME OF HUSBAND OR WIFE Lula Roark 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.	
17. INFORMANT'S SIGNATURE OR NAME Mrs Tim Summers		ADDRESS Rt3 Smsville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES DUE TO (b) Arterial Sclerosis DUE TO (c) Semility 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 332X	
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)		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 March 1952 to May 1, 1952 , that I last saw the deceased alive on May 1, 1952 , and that death occurred at 11:45 P. , from the causes and on the date stated above.			
23a. SIGNATURE Dr. Lawrence Hampton		23b. ADDRESS Summersville	
23c. DATE SIGNED June 10			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial /		24b. DATE May 4-52	
24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Smsville, Mo.	
DATE REC'D BY LOCAL REG. 6-13-52		REGISTRAR'S SIGNATURE W. H. Boelens 447-1	
25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home		ADDRESS Mtn View, Mo.	

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 Joe R. Duncan
Licensed Embalmer No. 43257
P. O. Address Mt. View, 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.