

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44318**

**FILED DEC 23 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3976** Registrar's No. **197**

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nevada</b>		c. LENGTH OF STAY (in this place) <b>30 years</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>331 North Ash Street</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nevada</b>	
		d. STREET ADDRESS (If rural, give location) <b>331 North Ash Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Florence</b> b. (Middle) <b>Evalena</b> c. (Last) <b>Summers</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 14 1952</b>		
---	--	--	---	--	--

5. SEX <b>Fm</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 19 1878</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
------------------	----------------------------	---	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (State or foreign country) <b>Garnett, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	--	--

13a. FATHER'S NAME <b>Ely Tolle</b>	13b. MOTHER'S MAIDEN NAME <b>Isabel Jane Martin</b>	14. NAME OF HUSBAND OR WIFE <b>Garrett H. Summers</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>Garrett H. Summers</b>	ADDRESS <b>331 North Ash Nevada, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Don't know.</b> DUE TO (c) <b>✓</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>✓</b>			

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Nevada Vernon Mo</b>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>none</b>
---	--	--

22. I hereby certify that I attended the deceased from **Dec 14, 1952**, to **Dec 14, 1952**, that I last saw the deceased alive on **Released on my arrival**, and that death occurred at **6 PM.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. Lovins</b> (Degree or title) <b>0</b>	23b. ADDRESS <b>Nevada Mo</b>	23c. DATE SIGNED <b>12/17/52</b>
--	-------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 17 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Newton Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Nevada Missouri</b>
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>12-20-52</b>	REGISTRAR'S SIGNATURE <b>Anna J. Ferry 451</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ferry Funeral Home</b> ADDRESS <b>Nevada, Mo.</b>
--	--	---

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

582  
1

1182

0

---

---

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.....

*L. B. Ferry*

Signed.....  
Student Embalmer

Licensed Embalmer No. 1768

P. O. Address Nevada 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.