

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3641**

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 23

1. PLACE OF DEATH <i>Missouri State School</i> a. COUNTY <i>Saline</i> " " " " <i>0972</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Clay</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Marshall Township</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Excelsior Springs, Mo.</i>	
c. LENGTH OF STAY (In this place) <i>8 yrs 2</i>		d. STREET ADDRESS (If rural, give location) <i>715 Kennedy ave</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo. State School Hosp.</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Jackie</i> b. (Middle) <i>Royce</i> c. (Last) <i>Summers</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb. 11 1954</i>		
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never married</i>	
8. DATE OF BIRTH <i>Jan. 12, 1937</i>		9. AGE (In years last birthday) <i>17</i>		IF UNDER 1 YEAR: Months <i>2</i> Days <i>36</i> Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>					

13a. FATHER'S NAME <i>William Summers</i>		13b. MOTHER'S MAIDEN NAME <i>Virginia Studdard</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mo. State School Hosp. Records</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>16 yrs</i> <i>1 week</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Epileptic</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Endocarditis</i> 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 <i>3533</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 *Jan. 25, 1954*, to *Feb 11, 1954*, that I last saw the deceased alive on *Feb 11, 1954*, and that death occurred at *6 A. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Vincent E. Shade M.D.</i>		23b. ADDRESS <i>Mo. State School</i>		23c. DATE SIGNED <i>Feb 11 1954</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>2/11/54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Candler Cem.</i>	
24d. LOCATION (City, town, or county) (State) <i>Excelsior Springs, Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Charles Prichard Excelsior Springs, Mo.</i>			
DATE REC'D BY LOCAL REG. <i>Feb 11 - 54</i>		REGISTRAR'S SIGNATURE <i>Redney T. Gray 385</i>			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 32357

P. O. Address. Marshall, 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.