

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

13014

State File No. _____

No. 300
10.48

FILED APR 20 1954

Registrar's No. 85

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 305

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly	
d. FULL NAME OF HOSPITAL OR INSTITUTION 519 S. Williams Street		d. STREET ADDRESS (If rural, give location) 519 S. Williams Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Jimmie	b. (Middle) Terrill	c. (Last) Summers	4. DATE OF DEATH (Month) (Day) (Year)
				April 11 1954

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 2, 1899	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months	IF UNDER 2 WKS. Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Employee--Moberly	10b. KIND OF BUSINESS OR INDUSTRY Moberly City Emp.	11. BIRTHPLACE (State or foreign country) Randolph County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME E.O. Summers	13b. MOTHER'S MAIDEN NAME Elizabeth Terrill	14. NAME OF HUSBAND OR WIFE Rozine Summers
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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 none	16. SOCIAL SECURITY NO. 500-12-6580	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jimmie Summers; Moberly, Missouri
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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 Minutes years. years.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension		
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"/>
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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)	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 **April 4, 1954**, to **April 11, 1954**, that I last saw the deceased alive on **April 9, 1954**, and that death occurred at **3:30pm**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marion C. Copley, D.O.	23b. ADDRESS Huntsville Mo.	23c. DATE SIGNED 4-12-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-12-1954	24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery	24d. LOCATION (City, town, or county) (State) Huntsville, Missouri
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DATE REC'D BY LOCAL REG 4-12-54	REGISTRAR'S SIGNATURE Paul Breckman	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tom B. Patton Huntsville
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 1 1962

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntwell

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.