

FILED JUL 21 1954

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

23705

State File No. 46

BIRTH NO. _____		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>4321</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>Mercer</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Mercer</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mercer</u>		c. LENGTH OF STAY (In this place) <u>84 yrs.</u>		c. CITY OR TOWN <u>Mercer</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u>				STREET ADDRESS (If rural, give location) <u>6650</u>			
3. NAME OF DECEASED (Type or Print) <u>Hannah Della Summers</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH <u>May 11, 1954</u> (Month) (Day) (Year)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 23, 1869</u>	
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William S. Moore</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Schoonover</u>			14. NAME OF HUSBAND OR WIFE <u>Taylor Summers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Amos Greener</u> ADDRESS <u>Mercer Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Insufficiency</u> DUE TO (c) <u>Hypochromic anemia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>1 week</u> <u>2 years</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>291 X</u>				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 <u>Jan</u> , 19 <u>48</u> , to <u>May 11</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>May 11</u> , 19 <u>54</u> , and that death occurred at <u>2:00 P.</u> m., from <u>the</u> causes and on the date stated above.							
23a. SIGNATURE <u>Geo. J. Dawson</u> (Degree or title) <u>Dr.</u>				23b. ADDRESS <u>Box 98 Mercer Mo.</u>		23c. DATE SIGNED <u>July 1, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 13, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lowry Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mercer County Mo.</u>	
DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE <u>393-1</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Amos Greener</u>		ADDRESS <u>Lineville Iowa</u>	

(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, ~~by~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James L. Greenlee*

Licensed Embalmer No. *396*

P. O. Address *Lincoln*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.