

FILED NOV 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36830

State File No.

No. 300

10. 48

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| BIRTH NO. | | REG. DIST. NO. <u>21</u> | | PRIMARY REG. DIST. NO. <u>3012</u> | | Registrar's No. <u>117</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY <u>Clay</u> | | b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Excelsior Springs</u> | | a. STATE <u>Missouri</u> | | b. COUNTY <u>Ray</u> | |
| c. LENGTH OF STAY (If this place) <u>6 HRS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR <u>RURAL</u> | | d. STREET ADDRESS (If rural, give location) <u>Wallace District</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Springs Hosp't</u> | | 3. NAME OF DECEASED | | 4. DATE OF DEATH | | 5. AGE (In years last birthday) | |
| a. (First) <u>DAVID</u> | | b. (Middle) <u>SUMMERS</u> | | c. (Last) <u>SUMMERS</u> | | Month (Day) (Year) <u>Nov 21 1954</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Oct 9 1888</u> | |
| 9. AGE (In years last birthday) <u>66</u> | | 10. KIND OF BUSINESS OR INDUSTRY <u>Highway, RAY COUNTY</u> | | 11. BIRTHPLACE (State or foreign country) <u>Ray County Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Road Maintenance</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Highway, RAY COUNTY</u> | | 11. BIRTHPLACE (State or foreign country) <u>Ray County Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>A.J. Summers</u> | | 13b. MOTHER'S MAIDEN NAME <u>Helen Overman</u> | | 14. NAME OF HUSBAND OR WIFE <u>Gertude Summers (Deceased)</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. # 1</u> | | 16. SOCIAL SECURITY NO. <u>494-12-5286</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Jean Siegel - Excelsior Springs 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | DUE TO (b) <u>Intoxication</u> | | | | years <u>1 Phase</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | DUE TO (c) | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</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) (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 <u>11/21</u> , 19 <u>54</u> to <u>11-21</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11-21</u> , 19 <u>54</u> , and that death occurred at <u>10:20 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Caroline Hutchings</u> | | | | 23b. ADDRESS <u>Excelsior Springs Missouri</u> | | 23c. DATE SIGNED <u>11/22/54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11/23/54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>O'Dell Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Ray County MO.</u> | |
| DATE REC'D BY LOCAL REG. <u>11/21/54</u> | | REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Virgil Hope</u> | | ADDRESS <u>Excelsior Springs, Mo.</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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James A. Moles
Licensed Embalmer No. 3296

P. O. Address Excelsior Springs, 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.