

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9212**

BIRTH NO. _____ REG. DIST. NO. **296** PRIMARY REG. DIST. NO. **6018** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Fishing River		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Excelsior Springs
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2 miles S. Excelsior Springs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
No. STREET ADDRESS		(If rural, give location) Rural Route #2	

3. NAME OF DECEASED (Type or Print) a. (First) MILO b. (Middle) _____ c. (Last) SUMMERS			4. DATE OF DEATH (Month) (Day) (Year) Mar. 19, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 25, 1897	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Ray County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William D. Summers	13b. MOTHER'S MAIDEN NAME Elizabeth Turner	14. NAME OF HUSBAND OR WIFE Anna Smith 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	16. SOCIAL SECURITY NO. Yes Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Summers, Rt. #2, Ex. Springs, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH Several months
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Albuminuria - Hypertension		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4501	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 **Feb. 10 - 1955**, to **Mar. 19, 1955**, that I last saw the deceased alive on **Mar. 18, 1955**, and that death occurred at **9 AM m.**, from the causes and on the date stated above.

23a. SIGNATURE (Inscribed title) Dr. M. C. ...	23b. ADDRESS Excelsior Springs Mo.	23c. DATE SIGNED 3-20-55
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-21-55	24c. NAME OF CEMETERY OR CREMATORY New New Garden	24d. LOCATION (City, town, or county) (State) Rural, Excelsior Springs, Mo.
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DATE REC'D BY LOCAL REG. 3-20-55	REGISTRAR'S SIGNATURE Helen J. Larkin	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Claude Prichard, Excelsior Springs, Mo.
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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.....
Signature of Student Embalmer

Signed *Ralph E. Van Landingham*

Licensed Embalmer No. *400*

Chelios Springs, Mo.
P. O. Address.....

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.