

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20435

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5109

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hosp.		e. STREET ADDRESS (If rural, give location) 5 5135 Maple Ave. 20590			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas		b. (Middle) Paul		c. (Last) Summers	
4. DATE OF DEATH June 11, 1955		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 17, 1925		9. AGE (In years last birthday) 30	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Spray Painter		10b. KIND OF BUSINESS OR INDUSTRY Lincoln-Mercury		11. BIRTHPLACE (City and State or Foreign Country) Risco, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John P. Summers		13b. MOTHER'S MAIDEN NAME Inez Walker	
14. NAME OF HUSBAND OR WIFE Juanita Summers		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W.# 2	
17. INFORMANT'S SIGNATURE OR NAME Juanita Summers		ADDRESS 5135 Maple Ave.			

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Aspiration Pneumonia</i> ANTECEDENT CAUSES <i>Hydrathorax, right side; Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Contusions of transverse colon; following injury</i> DUE TO (c) <i>suffered in fight between</i> II. OTHER SIGNIFICANT CONDITIONS <i>Alcohol and Am. Ref.</i> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 1955		19b. MAJOR FINDINGS OF OPERATION <i>about 120 am. quite bloody</i> <i>1955 on property of Lincoln Mercury Co. Robertson Mo.</i>					
21a. ACCIDENT (Specify) <i>Swindler</i>		21b. PLACE OF INJURY (e.g., at or about home, farm, factory, street, office, etc.) <i>Robertson Missouri</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY <i>June 2 55 12:30</i>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?  E983X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>11:15</i> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Patricia Taylor Corbett</i>			23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>6.13.55.</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>6-14-55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Local</i>		24d. LOCATION (City, town, or county) (State) <i>Patterson, Mo.</i>		
DATE REC'D BY LOCAL REG. <i>JUN 13 1955</i>		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Albert H. Hoppe 4700 Washington.</i>			

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 *Elton R. Pennington*.....

Licensed Embalmer No. *428*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.