

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42674**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11630**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri			b. COUNTY Phelps					
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 Duke		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>						
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			e. STREET ADDRESS (If rural, give location) 0910								
3. NAME OF DECEASED (Type or Print) a. (First) Russell			b. (Middle) Leroy			c. (Last) Summers			4. DATE OF DEATH (Month) (Day) (Year) Dec. 30, 1955		
5. SEX male <input type="checkbox"/>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) married	8. DATE OF BIRTH 6-20-1917		9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school teacher			10b. KIND OF BUSINESS OR INDUSTRY Public School			11. BIRTHPLACE (City and State or Foreign Country) Tulsa, Okla.			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Leroy Summers			13b. MOTHER'S MAIDEN NAME Mary Miller			14. NAME OF HUSBAND OR WIFE Blanche Summers					
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. unknown			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Blanche Summers, Duke, Mo.					
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) Uremia ANTECEDENT CAUSES DUE TO (b) Chronic Renal Disease DUE TO (c) Diabetes Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 6 mos. 13 yrs.		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 260x			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Nov. 11, 1955 , to Dec. 30, 1955 , that I last saw the deceased alive on Dec. 30, 1955 , and that death occurred at 7:10A m. , from the causes and on the date stated above.											
23a. SIGNATURE C. J. Vermillion, M.D.			(Degree or title) M. D.			23b. ADDRESS BARNES HOSPITAL			23c. DATE SIGNED 12/30/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 12-30-55		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State) Rolla, Mo.				
DATE REC'D BY LOCAL REG. JAN 3 1956			REGISTRAR'S SIGNATURE J. Carl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Null and Son, Rolla, Mo.					

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

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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 *Bill C. Brannon*

Licensed Embalmer No. *476*

P. O. Address *St. Louis*

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.