

FILED JUN 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

225799

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 128

| | | | | | | | |
|--|--|---|---|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Vernon | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Nevada | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Nevada | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital | | | Length of stay in lb 15 days | d. STREET ADDRESS (If outside, give location) F.D.R. # 2 | | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Lee Middle Arther Last Summers | | | | 4. DATE OF DEATH Month June Day 1 Year 1956 | | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 7, 1893 | 9. AGE (In years last birthday) 63 | 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) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Stockman | 11. BIRTHPLACE (City and state or country) Roscoe, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13. FATHER'S NAME Reasoner Summers | | | | 14. MOTHER'S MAIDEN NAME Mary Ann | | | |
| 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. 499-14-8012 | 17. INFORMANT Address Mrs. Rena Summers R.R. 2 Nevada, Mo | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute encephalomacia DUE TO (b) Basilar hemorrhage DUE TO (c) Severe Hypertension, acute PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Uremia secondary to chronic hypertrophy of the Prostate with retention of urine. | | | | | | INTERVAL BETWEEN ONSET AND DEATH 8 days 3 weeks | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____ | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | | | | |
| 21. I attended the deceased from May 16, 1956 to June 1, 1956 and last saw her/him alive on May 30, 1956 . Death occurred at 3:55 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Declarer or informant) <i>[Signature]</i> | | | | 22b. ADDRESS Moore Building, Nevada, Mo. | | 22c. DATE SIGNED 6-2-1956 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6-4-56 | 23c. NAME OF CEMETERY OR CREMATORY Newton Cemetery | | 23d. LOCATION (City, town, or county) (State) Nevada, Missouri | | | |
| 24. FUNERAL DIRECTOR ADDRESS Eichinger Funeral Home-Nevada, Mo. | | 25. DATE RECD. BY LOCAL REG. 6-11-1956. | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Reedy F. Melster

Licensed Embalmer No. 48

P. O. Address.....
Nevada

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