

FILED SEP 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25974
STATE FILE NUMBER

Registration District No. 31 Primary Registration District No. 4039 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY BENTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Backson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lincoln Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Kansas City Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT IN HOSPITAL, give location) HOSPITAL OR INSTITUTION ----- Length of stay in hospital 1 week		d. STREET ADDRESS 8908 Euclid (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Franklin Debus Summers First Middle Last		4. DATE OF DEATH September 1 1956 Month Day Year	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 15, 1941
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. KIND OF BUSINESS OR INDUSTRY None	9c. AGE (In years last birthday) 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY None	10c. AGE (In years last birthday) 15
11. BIRTHPLACE (City and state or country) Sedalia, mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Joe Summers		14. MOTHER'S MAIDEN NAME Fern Bennett	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	
17. INFORMANT Fern Bennett Address 8908 Euclid		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Basal Skull Fracture Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) automobile accident PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____	
20a. ACCIDENT <input checked="" 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.) struck by automobile	
20c. TIME OF INJURY 9:10 p.m. 9/1/56 Hour, Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) 1/4 mile west Lincoln		20f. CITY, TOWN, OR LOCATION Lincoln COUNTY Benton STATE mo	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 9:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Oliver White Acting Coroner (Degree or title)		22b. ADDRESS Warsaw, mo	
22c. DATE SIGNED 9/3/56		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Sept 4, 1956		23c. NAME OF CEMETERY OR CREMATORY mt. pleasant	
23d. LOCATION (City, town, or county) Lincoln Benton mo.		23e. (State)	
24. FUNERAL DIRECTOR Fred Davis & son ADDRESS Lincoln, mo		25. DATE RECD. BY LOCAL REG. Sept 3 1956	
26. REGISTRAR'S SIGNATURE E. E. Burkhoff			

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 *James R. Scumie*.....

Licensed Embalmer No. *458*.....

P. O. Address *Vermillion, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.