

FILED SEP 19 1956

STANDARD CERTIFICATE OF DEATH

State File No. 31670

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5947 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Mo. b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-St. James		c. CITY OR TOWN St. James	
c. LENGTH OF STAY (In this place) 26 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS (If rural, give location) _____ 0810	

3. NAME OF DECEASED (First) Jessie		b. (Middle) E.		c. (Last) Summers		4. DATE OF DEATH (Month) (Day) (Year) Sept. 9, 1956	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 15, 1930	
9. AGE (In years last birthday) 26		10. UNDER 1 YEAR Months 6		11. UNDER 24 HRS. Days 25		9. AGE (In years last birthday) 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Phelps Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Everett Summers		13b. MOTHER'S MAIDEN NAME Bertha Smallwood		14. NAME OF HUSBAND OR WIFE Do Not Know	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes Korean War		16. SOCIAL SECURITY NO 491-28-8955		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertha Summers (mother) St. James, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture with		INTERVAL BETWEEN ONSET AND DEATH Instant
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple injuries of head and body.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) Crushed beneath overturned automobile.		

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Automobile crushed beneath overturned car on road.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident highway		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Near St. James Phelps Mo		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car overturned in front of truck.	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_, 19\_\_\_\_, from the causes and on the date stated above.

22a. SIGNATURE S. L. Hull, M.D.		(Degree or title) _____		23b. ADDRESS 508 W 8th Road Mo		23c. DATE SIGNED 9-12-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 12, 1956		24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery		24d. LOCATION (City, town, or county) (State) St. James, Mo	

DATE REC'D BY LOCAL REG. 9-15-56		REGISTRAR'S SIGNATURE Ruth B. Powell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Prof E. Liebler - St. James, Mo	
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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 me, Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed Oral E. Tucker

Licensed Embalmer No. 354

P. O. Address St. James

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.