

FILED SEP 5 1957

STANDARD CERTIFICATE OF DEATH

29126

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 269

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCIS</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>BONNE TERRE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>FARMINGTON RRT 2</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSP.</u>			Length of stay in 1b <u>1 WK.</u>		d. STREET ADDRESS (If outside, give location) <u>Flat River, Mo</u>			
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>F.</u> Last <u>SUMMERS</u>				4. DATE OF DEATH Month <u>AUG.</u> Day <u>22</u> Year <u>1957</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>DEC. 9, 1888</u>		
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>13</u> Hours <u></u> Min. <u></u>		9. AGE (In years last birthday) <u>68</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>MONTGOMERY CITY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JOHN SUMMERS</u>				14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>			16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT <u>William Summers RRT 2 Farmington, Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized arterio sclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Complete left side heart block 4/201</u>							INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u> <u>and space</u>	
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.) <u>L</u>					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>L</u>					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <u>Flat River, Mo</u>		20g. COUNTY <u>MO</u>			
21. I attended the deceased from <u>5/27/57</u> to <u>8/22/57</u> and last saw ^{him} alive on <u>8/21/57</u> Death occurred at <u>8:15 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Paul L. Jones MD</u>				22b. ADDRESS <u>Flat River, Mo</u>		22c. DATE SIGNED <u>8/22/57</u>		
23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>Burial</u>		23b. DATE <u>AUG. 25, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MONTGOMERY CITY</u>		23d. LOCATION (City, town, or county) (State) <u>MONTGOMERY, MO.</u>		
24. FUNERAL DIRECTOR <u>Raymond Caldwell and Son</u>				25. DATE RECD. BY LOCAL REG. <u>Aug 22, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		

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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

SEP 18 1957

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 *R. Caldwell*.....

Licensed Embalmer No. *25*

P. O. Address *Flat R*

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.