

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30794

STATE FILE NUMBER

FILED SEP 24 1957

Registration District No. 31 Primary Registration District No. 4039 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <i>Benton</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>mo</i> b. COUNTY <i>Benton</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Lincoln</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Lincoln</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>west end 2nd main street</i>		Length of stay in lb <i>10 yr</i>	d. STREET ADDRESS (If outside, give location) <i>west end 2nd main street</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>William</i> Middle <i>ARCH</i> Last <i>Summers</i>			4. DATE OF DEATH Month <i>Sept</i> Day <i>16</i> Year <i>57</i>
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan 26, 1882</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>	9. AGE (In years last birthday) <i>75</i> IF UNDER 1 YEAR: Months <i>7</i> Days <i>20</i> IF UNDER 24 HRS.: Hours <i></i> Min. <i></i>
11. BIRTHPLACE (City and state or country) <i>Benton Co., mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>William Scott Summers</i>		14. MOTHER'S MAIDEN NAME <i>Belle Summers</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>492-18-2655</i>	17. INFORMANT <i>Ella Summers</i> Address <i>Lincoln</i>
18. CAUSE OF DEATH [Enter only one cause per line of (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Pancreas</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>157X</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 1/2 mos.</i>
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 _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED - WHILE AT <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 <i>June 15-57</i> to <i>Sept 16-57</i> and last saw her alive on <i>Sept 15-57</i> Death occurred at <i>7:45</i> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Gaude M. Thurber</i>		22b. ADDRESS <i>Windsor Mo</i>	22c. DATE SIGNED <i>9-17-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>9/19/57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Shady Grove</i>	23d. LOCATION (City, town, or county) (State) <i>Benton County mo</i>
24. FUNERAL DIRECTOR <i>Fred Davis & son</i> ADDRESS <i>Lincoln</i>		25. DATE RECD. BY LOCAL REG. <i>Sept., 19, 1957.</i>	26. REGISTRAR'S SIGNATURE <i>E L Eickhoff</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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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 *James R. Scum*

Licensed Embalmer No. *488*

P. O. Address *Vanilla*

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.