

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008679
STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 1 Primary Registration District No. 40.01 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Novinger TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Novinger		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at family home		Length of stay in 1b	d. STREET ADDRESS Novinger		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Jonathan Middle Clayton Last Summer			4. DATE OF DEATH Month March Day 25 Year 1958		
5. SEX M D	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 7, 1865	9. AGE (In years birthday) 92
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber	10b. KIND OF BUSINESS OR INDUSTRY Barber retired		11. BIRTHPLACE (City and state or country) Apponoose County, Iowa	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME James Sumner			14. MOTHER'S MAIDEN NAME Delila Dodson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give name or dates of service) Yes Spanish Am. War		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Nettie Sumner, Novinger, Mo.		
18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Coronary Heart Disease DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4214					INTERVAL BETWEEN ONSET AND DEATH 10 yrs
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 _____ 1950 to March 25-58 and last saw him alive on March 25-58 Death occurred at 9:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) T. P. Garrison, M.D.			22b. ADDRESS Novinger, Mo.		22c. DATE SIGNED 3-26-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 3-27-58	23c. NAME OF CEMETERY OR CREMATORY UTE Cemetery		23d. LOCATION (City, town, or county) Ute, Iowa	(State)
24. FUNERAL DIRECTOR Paul Matiley, Kirksville, Mo.			25. DATE RECD. BY LOCAL REG. 3-26-58	26. REGISTRAR'S SIGNATURE Dora W. Ratliff	

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible. Coroner must certify to a death due to natural causes. Doctor, coroner, etc. must use only standard diseases in Part I must be casually related.

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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 *Kenneth E. Kay*.....

Licensed Embalmer No. *28*.....

P. O. Address *Kirkville*.....

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.