

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020194

STATE FILE NUMBER

318

1003

5610

FILED JUN 13 1958 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, 3		c. CITY OR TOWN St. Louis, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 38 enroute City Hos. Unknown		d. STREET ADDRESS (If outside, give location) 3816 Parnell	
3. NAME OF DECEASED (Type or print) First Middle Last Dillard Summers		4. DATE OF DEATH Month Day Year May 27 1958	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 16, 1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Flour mixer	10b. KIND OF BUSINESS OR INDUSTRY Flour Mill	11. BIRTHPLACE (City and state or country) Sulphur Rock, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Robert Summers		14. MOTHER'S MAIDEN NAME Lucy Rawlings	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-20-6216	
17. INFORMANT Opal Summers		Address 3816 Parnell	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary embolism following injuries suffered in accident in the vicinity of Farmington, Missouri on Highway 67 on March 17, 1958. Exact time cause and manner of same could not be determined open verdict</i> 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)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <i>open verdict</i>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>see above</i>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. 5/17/58 p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>31-hwy 67</i>	
20e. CITY, TOWN, OR LOCATION <i>Farmington</i>		COUNTY STATE <i>Mo</i>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>4:49 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James M Kelly</i>		22c. DATE SIGNED <i>5-29-58</i>	
23a. BURIAL, CREMATION, etc. <i>Burial</i>		23b. DATE May 31, 1958	
23c. NAME OF CEMETERY OR CREMATORY <i>Lake Charles Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
24. FUNERAL DIRECTOR <i>Morrell Furn, Home</i>		25. DATE RECD. BY LOCAL REG. <i>MAY 29 1958</i>	
ADDRESS <i>3710 N Grand</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service, 300-1-56, All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms will be listed. ATTENTION: Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Laron E. Perry*.....

Licensed Embalmer No. *40*

P. O. Address *St. Louis*

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.