

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024416
STATE FILE NUMBER

FILED JUN 18 1958 Registration District No. 366 Primary Registration District No. 6244 Registrar's No. 51

S. 300
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Washington</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Washington</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Union Stueps.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Walton Stueps.</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>6 mi N. Old Mines</u>		Length of stay in 1b	d. STREET ADDRESS (If outside of location) <u>2 mi W. Bailey</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles Samuel Summer</u>			4. DATE OF DEATH Month Day Year <u>June 15-1958</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 18 1920</u>	9. AGE (in years last birthday) <u>37</u>	IF UNDER 1 YEAR Months Days <u>9 27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Drumming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmery</u>	11. BIRTH PLACE (City and state or country) <u>Washington Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Alexander Summer</u>		13b. MOTHER'S MAIDEN NAME <u>Ella May Sickey</u>		14. NAME OF HUSBAND OR WIFE <u>Geraldine Summer</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give dates of service) <u>yes in WW2</u>		16. SOCIAL SECURITY NO. <u>W 4201</u>	17. INFORMANT Address <u>Geraldine Summer Rt 2 Palatka 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>ACUTE CORONARY THROMBOSIS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hours</u>
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)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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 <u>4201</u>	
21. I attended the deceased from <u>June 15, 1958</u> to <u>June 15, 1958</u> and last saw him alive on <u>June 15, 1958</u> Death occurred at <u>12:15 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Edward W. Lake, D.O.</u>			22b. ADDRESS <u>Potosi, Missouri</u>		22c. DATE SIGNED <u>June 16, 1958</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-17-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grassy Hollow Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>
24. FUNERAL DIRECTOR <u>Mr. Luther Sparks Potosi Mo.</u>		ADDRESS <u>6/17/58</u>	25. DATE RECD. BY LOCAL REG. <u>6/17/58</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

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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 *Murphy L. Spinks*

Licensed Embalmer No. *4236*

P. O. Address *Flat River*

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.