

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043091  
STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 366 Primary Registration District No. 6247 Registrar's No. 88

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>WASHINGTON</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE<br><b>MISSOURI</b> b. COUNTY<br><b>FRANKLIN</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN<br><b>JOHNSON TWSP.</b>            |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN<br><b>SULLIVAN</b>                                    |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>ANTHONIES MILL</b> |  | Length of stay in lb<br><b>3 DAYS</b>   | d. STREET ADDRESS (If outside, give location)<br><b>451 GRANDVIEW</b> |
| Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                   |  |   |   |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>BENJIMAN HEADLEE SUMMERS</b> |  |  | 4. DATE OF DEATH<br>Month Day Year<br><b>NOV. 19 1958</b> |  |  |
|---|--|--|---|--|--|

|                       |                                  |   |  |   |  |                                |
|-----------------------|----------------------------------|---|--|---|--|--------------------------------|
| 5. SEX<br><b>MALE</b> | 6. COLOR OR RACE<br><b>WHITE</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>OCT. 27, 1894</b> | 9. AGE (In years last birth day)<br><b>64</b> | IF UNDER 1 YEAR<br>Months Days Hours Min.<br><b>0 22</b> | IF UNDER 24 HRS.<br>Hours Min. |
|-----------------------|----------------------------------|---|--|---|--|--------------------------------|

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|---|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>POST ENGINEER</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>U.S. GOVT.</b> | 11. BIRTHPLACE (City and state or country)<br><b>ANTHONIES MILL, MO.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
|---|--|--|---|

|  |   |  |
|--|---|--|
| 13a. FATHER'S NAME<br><b>JOHN F. SUMMERS</b> | 13b. MOTHER'S MAIDEN NAME<br><b>MARY HARMON</b> | 14. NAME OF HUSBAND OR WIFE<br><b>ALMA KINDERLIN</b> |
|--|---|--|

|  |   |                                      |                                 |
|--|---|--------------------------------------|---------------------------------|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b> | 16. SOCIAL SECURITY NO.<br><b>491-01-5720</b> | 17. INFORMANT<br><b>ALMA SUMMERS</b> | Address<br><b>SULLIVAN, MO.</b> |
|--|---|--------------------------------------|---------------------------------|

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Rupture of heart or aneurysm</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>seconds</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <b>dilatation of heart or aorta</b> |   |
|  | DUE TO (c) <b>with erosion into esophagus</b>  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>456X</b>                     |  | 19. WAS AUTOPSY PERFORMED?<br>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.) |
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|  |  |
|--|--|
| 20c. TIME OF INJURY<br>Hour a.m. Month, Day, Year 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<br><b>SULLIVAN</b> | COUNTY<br><b>MO.</b> | STATE |
|---|--|---|----------------------|-------|

|  |
|--|
| 21. I attended the deceased from <b>never</b> to <b>never</b> and last saw <b>her</b> alive on <b>never</b><br>Death occurred at <b>9:40 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |
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|   |                                     |                                      |
|---|-------------------------------------|--------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><b>Ronald Van Audell M.D.</b> | 22b. ADDRESS<br><b>Bourbon, Mo.</b> | 22c. DATE SIGNED<br><b>20 Nov 58</b> |
|---|-------------------------------------|--------------------------------------|

|  |                                   |   |  |
|--|-----------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 23b. DATE<br><b>NOV. 22, 1958</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>S.O.O.F. MEMORIAL LEM.</b> | 23d. LOCATION (City, town, or county) (State)<br><b>SULLIVAN MO.</b> |
|--|-----------------------------------|---|--|

|  |                                 |   |   |
|--|---------------------------------|---|---|
| 24. FUNERAL DIRECTOR<br><b>Hamberton</b> | ADDRESS<br><b>Sullivan, Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>11/25/58</b> | 26. REGISTRAR'S SIGNATURE<br><b>N. E. ...</b> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 1 1958

DEC 8 1958

RECEIVED

NOV 25

WASH. COUNTY HEALTH DEPT.

File No. \_\_\_\_\_

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 J. P. Murphy \_\_\_\_\_

Licensed Embalmer No. 4772  
P. O. Address Sullivan, Mo.

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.