

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002202
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 227 Primary Registration District No. 4339 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY MONROE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY MONROE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PARIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PARIS 0690		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION FAIRVIEW HEIGHTS		Length of stay in lb 36 YRS	d. STREET ADDRESS (If outside, give location) FAIRVIEW HEIGHTS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) CHARLES FRANCIS SUMMERS			4. DATE OF DEATH Month JAN. Day 20 Year 1959		
5. SEX MALE	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 MAR. 6, 1886	9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 00 Days 19 Hours — Min. — IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CITY EMPLOYEE		10b. KIND OF BUSINESS OR INDUSTRY LABORER	11. BIRTHPLACE (City and state or country) MOBERLY, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE TUA SUMMERS	
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. UNKNOWN		17. INFORMANT HARRY SUMMERS Address 3325 E OVERLAND, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral artery aneurysm					INTERVAL BETWEEN ONSET AND DEATH 2 1/2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio-sclerosis					2 1/2
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.) 4201		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
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 JAN 14 1959 to JAN 20 1959 and last saw him alive on JAN 20 1959 Death occurred at JAN 20 2:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Geo W. Beggs (Deceased or title)			22b. ADDRESS M.D. PARIS, MO.		22c. DATE SIGNED 1-22-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1/23/1959	23c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE		23d. LOCATION (City, town, or county) (State) PARIS MO.
24. FUNERAL DIRECTOR EH. A G NEW FUNERAL HOME		25. DATE RECD. BY LOCAL REG. 1-22-59		26. REGISTRAR'S SIGNATURE F. Q. Barnett M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Health, Welfare, Public Service

300
-57

AUG 13 1959

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 *E. H. Agnew*

Licensed Embalmer No. *4000*

P. O. Address *PARIS, 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.