

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040979

FILED VS DEC 8 1959

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 371

ENDED

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Monroe									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Length of stay in 1b 7 Days		c. CITY OR TOWN Monroe City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) East Summer St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Mary Middle Summers Last Summers				4. DATE OF DEATH Month November Day 18 Year 1959									
5. SEX Female		6. COLOR OR RACE Colored		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/2/1884		9. AGE (last birthday) 75		IF UNDER 1 YEAR Months 5 Days 16		IF UNDER 24 HR Hours 16 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Hunnewell, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.					
13a. FATHER'S NAME Robert Buckner				13b. MOTHER'S MAIDEN NAME Catherine Watkins				14. NAME OF HUSBAND OR WIFE Bud 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. None		17. INFORMANT Address Bud Summers, Monroe City 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) Tumor of lower lobe lung. DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 2:00 a.m. Month, Day, Year				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 Sept 30 to Oct 10 and last saw her alive on 10 Oct 1959 Death occurred at 2:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Wyeth Hamelin</i> (Degree or title)						22b. ADDRESS Hannibal Mo.			22c. DATE SIGNED 11/25/59				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/22/1959		23c. NAME OF CEMETERY OR CREMATORY St. Judes Cemetery				23d. LOCATION (City, town, or county) (State) Monroe City Missouri.					
24. FUNERAL DIRECTOR ADDRESS Harold Garner, Monroe City, Mo.					25. DATE RECD. BY LOCAL REG. 11/27/59		26. REGISTRAR'S SIGNATURE <i>Em. Lucke</i>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS FEB 24 1960

VS DEC 14 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

Harvey Jarman

Licensed Embalmer No. 3720

P. O. Address Marion City

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.