

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005040

FILED VS. MAR 14 1960

Primary Registration District No. 538 Registrar's No. 23

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>BARRY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>BARRY</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ASH TWP.</b>			Length of stay in 1b		c. CITY OR TOWN <b>R.F.D. WASHBURN</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>9 Mi. S-W of Washburn</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>9 Mi. S-W of Washburn</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>JOHN THOMAS SUMMEY</b>				4. DATE OF DEATH Month Day Year <b>Feb. 26 1960</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1-24-60</b>	9. AGE (last birthday) <b>79</b>		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and state or country) <b>Seligman, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>C.C. Summey</b>			13b. MOTHER'S MAIDEN NAME <b>Annie Pender</b>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Edmon Lytle, Washburn, Mo.</b>		
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>Bronchial pneumonia</u> 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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.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 <u>Dec 1959</u> to <u>Feb. 25-60</u> and last saw <sup>her</sup> him live on <u>Feb. 25, -1960</u> Death occurred at <u>11:00</u> a m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Dr. Chas. P. Brown</u>				22b. ADDRESS <u>Seligman Mo</u>		22c. DATE SIGNED <u>3-1-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-1-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>King Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Seligman, Missouri</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Doyle E. Williamson, Cassville, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>3-4-1960</b>		26. REGISTRAR'S SIGNATURE <u>Grace Williams</u>	

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 4 I JAN

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Dwight T. Williams

Licensed Embalmer No. 4883

P. O. Address Cassville, TN

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.