

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026784  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1180

**FILED AUG 6 1962**

VS 300  
Rev. 4/59

1 0397  
2 0237  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Green</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Springfield</u>		Length of stay in lb <u>1 day</u>	c. CITY OR TOWN <u>Verona</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Burge-Protestant</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R# 2</u>
3. NAME OF DECEASED (Type or print) First <u>MARK</u> Middle <u>STACEY</u> Last <u>SUMMERS</u>		4. DATE OF DEATH Month <u>August</u> Day <u>7</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-31-62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (last birthday) <u>0</u>
13a. FATHER'S NAME <u>Charles LeRoy Summers</u>		13b. MOTHER'S MAIDEN NAME <u>Patty Jane McCulloch</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Charles L. Summers R# 2 Verona, 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>ATELECTASIS, RT. LUNG (neonatal)</u> DUE TO (b) <u>PREMATURITY</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>1 DAY</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>COMPENSATORY EMPHYSEMA, LEFT LUNG</u>			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 _____ 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.) <u>1 AUG</u>		20f. CITY, TOWN, OR LOCATION <u>1 AUG 62</u>	COUNTY <u>1 AUG 62</u>
21. I attended the deceased from <u>1 AUG 62</u> to <u>1 AUG 62</u> and last saw him alive on <u>1 AUG 62</u>		Death occurred at <u>4:50 P.M. 1 AUG 62</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Erwin F. Busick MD</u>		22b. ADDRESS <u>609 Chevy, Springfield, Mo</u>	22c. DATE SIGNED <u>2 Aug 62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-2-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>	23d. LOCATION (City, town, or county) (State) <u>Aurora: Missouri</u>
24. FUNERAL DIRECTOR <u>Marsh Funeral Home, Inc. Aurora, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 2, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>

Permit issued Aug 3

**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 Benny D. Bradshaw, Student Embalmer No. 657  
working under my personal supervision.

Student Benny D. Bradshaw  
Signature of Student Embalmer

Signed Oscar L. Hersh

Licensed Embalmer No. 3812

P. O. Address Quincy MD

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.