

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-021099

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 47 STATE FILE NUMBER

FILED JUN 12 1963

DO NOT WRITE ON THIS STUB	AMENDED				
VS 300 Rev. 4/59	DATE AMENDED				
1 0860					
2 0860					
3					
4 1					
5 1					
6					
7 0					
8 2					
9 4222					
10					
11 1290-2					
13 1-0					
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF				
ITEM NO.	SHOULD READ				
	BY AFFIDAVIT OF				

1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>PUTNAM</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>UNIONVILLE</u>		Length of stay in 1b <u>15 yrs</u>	c. CITY OR TOWN <u>UNIONVILLE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1413 UNION</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1413 - UNION</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JEPHTHA</u> Middle <u>L.</u> Last <u>SUMMERS</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>30</u> Year <u>63</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-13-86</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PUTNAM Co Mo</u>	11. BIRTHPLACE (City and state or country) <u>USA</u>
12a. FATHER'S NAME <u>William L. McKinley</u>		13b. MOTHER'S MAIDEN NAME <u>ALLIE PENNELLS</u>	14. NAME OF HUSBAND OR WIFE <u>BLAINE SUMMERS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>no</u>		16. SOCIAL SECURITY NO. <u>B-Blaine Summers Unionville Mo</u>	17. INFORMANT <u>B-Blaine Summers Unionville Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u> DUE TO (b) <u>Chronic degenerative thyrotoxicosis</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>3 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I () <u>Bronchial asthma</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
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 checked="" 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>June 8-57</u> <u>May 30-63</u> and last saw her alive on <u>May 30-63</u> Death occurred at _____ a.m. of the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Chas L. Judd Do Unionville Mo</u>		22b. ADDRESS <u>Unionville Mo</u>	22c. DATE SIGNED <u>5/31/63</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>6-1-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>UNIONVILLE</u>	23d. LOCATION (City, town, or county) <u>UNIONVILLE MO</u>
24. FUNERAL DIRECTOR <u>F.D. Husted 8509 Unionville Mo</u>	ADDRESS <u>Unionville Mo</u>	25. DATE RECD. BY LOCAL REG. <u>6-3-63</u>	26. REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>

USE BLACK INK OR TYPEWRITER RIBBON

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 Muel E. Husted

Licensed Embalmer No. 3204
P. O. Address Muskegon, Mich

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.