

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67-0025633

STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 6176 Registrar's No. 5

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1010
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 11 1967		1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hartshorn CURRENT</u>		Length of stay in 1b		c. CITY OR TOWN <u>Hartshorn</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Home</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Summersville, Mo.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Jessee</u> Middle <u>W.</u> Last <u>Summer</u>			4. DATE OF DEATH Month <u>June</u> Day <u>30</u> Year <u>1967</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/25/1913</u>	9. AGE (last birthday) <u>53</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during ^{50%} of working life, even if retired) <u>Timber work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Summersville, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wm. A. Summer</u>		13b. MOTHER'S MAIDEN NAME <u>Ardelphia E. Jarley</u>	
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) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Esta S. Norris Summersville, 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>RUPTURED INTERNAL JUGULAR VEIN AND INTERNAL CAROTID ARTERY DUE TO GUNSHOT BLAST</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>1 MIN.</u> DUE TO (c)		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 checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DEATH OR HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <u>Shotgun fired in mouth</u>			
20c. TIME OF INJURY Hour <u>11</u> a.m. p.m. Month, Day, Year <u>6-30-67</u>	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, etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Hartshorn</u>	COUNTY <u>Shannon</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>Unknown</u> to <u>Do not know</u> and last saw him alive <u>Do not know</u> Death occurred at <u>Unknown</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Denton Wilson, D.O. - Coroner</u>		22b. ADDRESS <u>Eminence, Mo.</u>		22c. DATE SIGNED <u>7-6-67</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/3/1967</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Summersville, Missouri</u>		
24. FUNERAL DIRECTOR <u>Duncan Funeral Home Mt. View, Mo.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>July 10-1967</u>	26. REGISTRAR'S SIGNATURE <u>Mabel G. Adams</u>	

JUL 12 1967

AUG 9 1967

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/15/01 BY 60322 UCBAW/STP

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 Carl D. Bell

Licensed Embalmer No. 5368

P. O. Address W. Va. 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.