

FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13480

BIRTH NO.		REG. DIST. NO. 301	PRIMARY REG. DIST. NO. 6030	Registrar's No. 16
1. PLACE OF DEATH a. COUNTY RIPLEY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY RIPLEY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - JORDAN Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - JORDAN TOWNSHIP		
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 miles North west of Doniphan		d. STREET ADDRESS (If rural, give location) 7 miles Northwest of Doniphan		
3. NAME OF DECEASED (Type or Print) HATTIE		a. (First) SIMON	4. DATE OF DEATH (Month) (Day) (Year) 2-23-1949	
5. SEX FEMALE	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 11-17-1873	9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) INDIANIA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME MARY MINK	14. NAME OF HUSBAND OR WIFE JOHN SIMON	
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'S SIGNATURE OR NAME ADDRESS PAUL SIMON Doniphan, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331*		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JAN. 2, 1949, to FEB. 23, 1949, that I last saw the deceased alive on FEB. 21, 1949, and that death occurred at 2:30 P. m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) M.D. W. D. Noble		23b. ADDRESS Doniphan, Mo.		23c. DATE SIGNED 9 Mar. '49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-25-1949	24c. NAME OF CEMETERY OR CREMATORY ELIZABETH Cemetery	24d. LOCATION (City, town, or county) (State) Ripley County, Mo.
DATE REC'D BY LOCAL REG. 4-4-49		REGISTRAR'S SIGNATURE E. D. Johnston		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. W. Edwards, Doniphan Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 5,

District File Number 449265

Date Filed 4-12-49

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.

Signed Carl B. Bird.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4306

P. O. Address Doniphan, 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 this body is not embalmed, fact should be so stated above.