

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7924

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

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CAPE GIRARDEAU</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CHAFFEE</u>	
c. LENGTH OF STAY (In this place) <u>3 WKS</u>		d. STREET ADDRESS (If rural, give location) <u>412 PARKER</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CAPE OSTEOPATHIC HOSP.</u>			
3. NAME OF DECEASED a. (First) <u>ADA</u>		b. (Middle) <u>SIMMONS</u>	
c. (Last) <u>SIMMONS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 24 1950</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT 24 1894</u>
9. AGE (In years) <u>55</u>		if UNDER 1 YEAR Months Days	if UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	
11. BIRTHPLACE (State or foreign country) <u>BOONVILLE INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Penderson</u>		13b. MOTHER'S MAIDEN NAME <u>Manillie</u>	
14. NAME OF HUSBAND OR WIFE <u>GEORGE F. SIMMONS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Geo W Simmons</u>		ADDRESS <u>Chaffee Mo</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of Lt Hip w/ Reduct</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac De compensation</u>	
19a. DATE OF OPERATION <u>March 18, 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Multiple Fractures of Neck & Proximal Shaft of Femur</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) <u>Chaffee</u> (COUNTY) <u>Scott</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 12, 1950 9:20</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>Patient fell</u>			
22. I hereby certify that I attended the deceased from <u>March 18, 1950</u> , to <u>March 24, 1950</u> , that I last saw the deceased alive on <u>March 24, 1950</u> , and that death occurred at <u>6:30 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. J. Newell D.O.</u> (Degree or title)		23b. ADDRESS <u>105 S. Spanish Ck. Boardman Mo.</u>	
23c. DATE SIGNED <u>March 25, 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Mar 26, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>OAKDALE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>COMMERCE MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>3-28-1950</u>		REGISTRAR'S SIGNATURE <u>G. C. Simmons</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. P. Blipplinghoff</u>		ADDRESS <u>General Home Chaffee Mo</u>	

RECEIVED

APR 3 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-482

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
Student Embalmer

Signed Mamie Dupleinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.