

FILED SEP 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27551

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 298	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)			
a. COUNTY Marion		b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		a. STATE Mo.		b. COUNTY Marion	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal		d. STREET ADDRESS (If rural, give location) 812 Section St		1644	
d. FULL NAME OF HOSPITAL OR INSTITUTION 812 N. Section St				d. STREET ADDRESS (If rural, give location) 812 Section St			
3. NAME OF DECEASED			4. DATE OF DEATH			5. (Month) (Day) (Year)	
a. (First) Frank			b. (Middle) Simon			c. (Last) Simon	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 3-9-1880	
9. AGE (In years last birthday) 70		10. MONTHS -		11. IF UNDER 1 YEAR Days		12. IF UNDER 1 YEAR Hours	
13. IF OVER 1 YEAR Mn.		10a. USUAL OCCUPATION (If dead of work done during most of working life, even if retired) Trucking		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Elvia Mo	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Frank Simon		13b. MOTHER'S MAIDEN NAME Elvia Hunter		14. NAME OF HUSBAND OR WIFE Goldie Simon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Goldie Simon - 812 Section St			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b)		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		Hannibal Marion Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 8/25/50 to 8/25/50, that I last saw the deceased alive on 8/25/50, and that death occurred at 8 PM m., from the causes and on the date stated above.							
23a. SIGNATURE H. M. Mendenhall				23b. ADDRESS Hannibal Mo		23c. DATE SIGNED 8/29/50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8-28-50		24c. NAME OF CEMETERY OR CREMATORY Robinson		24d. LOCATION (City, town, or county) (State) Hannibal Mo	
DATE REC'D BY LOCAL REG. 8/30/50		REGISTRAR'S SIGNATURE S. E. M. Luke		25. FUNERAL DIRECTOR'S SIGNATURE Geo E Roberts		ADDRESS Hannibal	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 11 1950

WARREN CO. HEALTH DEPT.

DATE FILED SEP 14 1950

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 _____

Wes E Roberts

Licensed Embalmer No. 2113

P. O. Address Harrisburg 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.