

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **33904**

FILED NOV 2 1950

492
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BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3127		Registrar's No. 143			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper					
b. CITY (If outside corporate limits, write RURAL and give township) Joplin Wellb. City		c. LENGTH OF STAY (in this place) 7 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Joplin		0495			
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. Jane Chinn Hosp.				d. STREET ADDRESS (If rural, give location) 21101/2 West 3rd.					
3. NAME OF DECEASED (Type or Print) a. (First) Christian b. (Middle) Edward c. (Last) Simonson			4. DATE OF DEATH (Month) (Day) (Year) Oct. 19 1950						
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May, 13 1897	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 5 Days 6	IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Optometrist		10b. KIND OF BUSINESS OR INDUSTRY Optometrist		11. BIRTHPLACE (State or foreign country) Chicago Ill		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Christian Simonson			13b. MOTHER'S MAIDEN NAME Emma Goffine		14. NAME OF HUSBAND OR WIFE Pauline Simonson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War I		17. INFORMANT'S SIGNATURE OR NAME Pauline Simonson 21101/2 West 3					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				Toxic Myocardiosis				1 MO	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) DROPSY.				3 MO	
				DUE TO (c) CANCER OF SMALL INTESTINE				1 YEAR	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								153X	
19a. DATE OF OPERATION 6/30/50		19b. MAJOR FINDINGS OF OPERATION Caused of small intestines				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)		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. 3, 1950 , to Oct 19, 1950 , that I last saw the deceased alive on Oct 19, 1950 , and that death occurred at 3:30 pm. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) H.B. Fern. D.O. 21530 1/2 Main				23b. ADDRESS Joplin Mo		23c. DATE SIGNED Mo 10/20/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 22, 50		24c. NAME OF CEMETERY OR CREMATORY Diamond Cemetery		24d. LOCATION (City, town, or county) (State) City of Diamond Mo.			
DATE REC'D BY LOCAL REG. Oct 23-50		REGISTRAR'S SIGNATURE J.L. Suteda mbo		137		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mortuary Joplin Mo			

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

RECEIVED 10-31-50

Jasper County Health Office

County File Number 50-10-786

Date Filed 10-31-50

NOV 29 1951

APR 20 1954

OCT 3 1962

NOV 3 1951

NOV 3 1951

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

Charles E. Frey

Licensed Embalmer No. 47068

P. O. Address Joplin, 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.