S. No. 300
v. 10-48

FILED DEC 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40482

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 42

42
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1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clinton Mo
c. LENGTH OF STAY (in this place): 2 yr 3 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Moores Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Appleton City Mo.
d. STREET ADDRESS (If rural, give location): 0930

3. NAME OF DECEASED (Type or Print)
a. (First): Flora
b. (Middle): Arlena
c. (Last): Simmons

4. DATE OF DEATH (Month) (Day) (Year): 12-8-50

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed V
8. DATE OF BIRTH: 12-26-1873
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 11, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Cedar Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: T.T. Harris
13b. MOTHER'S MAIDEN NAME: Elizabeth Phillips
14. NAME OF HUSBAND OR WIFE: none

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.: no
17. INFORMANT'S SIGNATURE OR NAME: Elpha Snyder — ADDRESS: Appleton City 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Impacted fracture — 24 days
Right hip joint
DUE TO (c): — 90 20

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 842
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Clinton Henry Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell from a chair

22. *I hereby certify that I attended the deceased from* Nov 17, 1950, *to* 12/8, 1950 *that I last saw the deceased alive on* 12/6, 1950 *and that death occurred at* 4 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A.C. Peelor MD
23b. ADDRESS: Clinton Mo
23c. DATE SIGNED: 12/8/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial (1)
24b. DATE: 12-9-50
24c. NAME OF CEMETERY OR CREMATORY: Towry City Cemetery
24d. LOCATION (City, town, or county) (State): Towry City Mo.

DATE REC'D BY LOCAL REG.: Dec-11 1950
REGISTRAR'S SIGNATURE: Florence Adams 42
25. FUNERAL DIRECTOR'S SIGNATURE: Oscar Eckhoff — ADDRESS: Appleton City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12/18/50
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 12/18/50.

DEC 19 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

working under my personal supervision.

Student Embalmer No.

Signed Oscar Eckhoff

Signed
Student Embalmer

Licensed Embalmer No. 3943

P. O. Address Appleton City 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.