

FILED DEC 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41325

BIRTH NO.		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 3033		Registrar's No. 386	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Waclebe</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Grove Springs Rt 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial Hospital</u>		c. LENGTH OF STAY (in this place) <u>9 days</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Wright</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Norma</u>			b. (Middle) <u>Simmons</u>			c. (Last) <u>Simmons</u>	
6. COLOR OR RACE <u>W</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			8. DATE OF BIRTH <u>June 26, 1928</u>	
9. AGE (In years last birthday) <u>22</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>			11. BIRTHPLACE (State or foreign country) <u>Waclebe County Mo.</u>	
10a. USUAL OCCUPATION			10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Otto Rue</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Lindsey</u>		14. NAME OF HUSBAND OR WIFE <u>Claud 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>Claud Simmons</u> ADDRESS <u>Grove Springs Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tetanus</u>				<u>27 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				<u>27 days</u>	
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>6845X</u>	
		DUE TO (b) <u>laceration left leg</u>				<u>3</u>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Grove Springs, Mo. 114</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-11-50</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>team ran off with wagon.</u>			
22. I hereby certify that I attended the deceased from <u>12/3</u> , 19 <u>50</u> , to <u>12/8</u> , 19 <u>50</u> ; that I last saw the deceased alive on <u>12/8</u> , 19 <u>50</u> , and that death occurred at <u>12:45 p.m.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>James P. Hoke, M.D.</u>				23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>12/11/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 19 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>M.E. Bride Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Waclebe Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-12-1950</u>		REGISTRAR'S SIGNATURE <u>Hella L. Klay</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer's</u>		ADDRESS <u>Lebanon, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0532
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DEC 16 1950

Received

Laclede County Health Unit

File No. 12-30-187

Date Filed DEC 18 1950

SEP 29 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 Emmett E. Everett

Signed.....
Student Embalmer

Licensed Embalmer No. 4748

P. O. Address Lebanon 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.