

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1601

FILED FEB 5 1951

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>5592</u>		Registrar's No. <u>7</u>			
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>					
b. CITY OR TOWN <u>Le matite</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Le matite</u>		d. STREET ADDRESS (If rural, give location) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u> b. (Middle) <u>Margaret</u> c. (Last) <u>Simmons</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 23-1951</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>Mar. 22-1885</u>			
9. AGE (If years last birthday) <u>65</u>		If under 1 year: Months <u>10</u> Days <u>1</u>		If under 6 hrs. Hours _____ Min. _____		9. AGE (If years last birthday) _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Fletcher Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Childress Lanham</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Blake</u>		14. NAME OF HUSBAND OR WIFE <u>J. H. Simmons</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>J. H. Simmons</u> ADDRESS <u>Le matite 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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis chronic, rheumatic, 20yrs.</u>				DUPLICATE OF (a) _____				_____	
ANTECEDENT CAUSES				DUE TO (b) _____				_____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				_____	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				415X	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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 <u>July 1948</u> to <u>Jan 23, 1951</u> , that I last saw the deceased alive on <u>Nov. 27, 1950</u> , and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell M.D.</u>				23b. ADDRESS <u>Desoto, Mo.</u>		23c. DATE SIGNED <u>1-23-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-25-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sandy Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Sandy Mo</u>			
DATE REC'D BY LOCAL REG. <u>1-24-51</u>		REGISTRAR'S SIGNATURE <u>Eleanore Repp</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Viriyard</u>		ADDRESS <u>Festus Mo</u>			

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

0500

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 1-30-51

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 _____

Al W. Wenzel

Signed.....
Student Embalmer

Licensed Embalmer No. 3010

P. O. Address _____

Festus W. W.

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.