

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5601

0800

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

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5928 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Jettie</u>		2. USUAL RESIDENCE (Where deceased lived immediately before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jettie</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Jettie, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>9 mi. west of Pilot Grove, Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>9 mi. west of Pilot Grove, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Head Creek, Mo.</u>	
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>McNeal</u> c. (Last) <u>Simmons</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-12-1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr-21-1867</u>
9. AGE (In years last birthday) <u>84</u>	10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MARDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Divorced wife</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tom Simmons</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphatic pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage - 3 years ago and severely</u> DUE TO (c) <u>infinitis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>30 hours</u> <u>330 X</u>	
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) (Min.)	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>11 Feb</u> , 19 <u>51</u> , to <u>11 Feb</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11 Feb</u> , 19 <u>51</u> , and that death occurred at <u>11 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James T. Hillie, D.O.</u>		23b. ADDRESS <u>Pilot Grove, Mo.</u>	23c. DATE SIGNED <u>2-13-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb-14-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Geniusula Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Blanchester - Mo</u>
DATE REC'D BY LOCAL REG. <u>Feb 14-1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
ADDRESS <u>Blanchester - Pilot Grove, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2/26/51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2.26.51

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 Myself

working under my personal supervision.

Student Embalmer No.

Signed _____
Student Embalmer

Signed James E. Hays

Licensed Embalmer No. 3074

P. O. Address Belat Grove, 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.