S. No. 300
v. 10.48

0680

FILED MAR 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9364

BIRTH NO. _____ REG. DIST. NO. 223 PRIMARY REG. DIST. NO. 5795 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY: Moniteau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Pilot Grove Township
c. LENGTH OF STAY (In this place): 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 miles S. W. California

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Moniteau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Pilot Grove 0680
d. STREET ADDRESS (If rural, give location): 5 miles S. W. California

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

4. DATE OF DEATH (Month) (Day) (Year): Mar 8 51

5. SEX: male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1

8. DATE OF BIRTH: Nov. 15, 1883

9. AGE (In years last birthday): 67 | If under 1 year: Months 4 Days 22 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming & Public Work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Moniteau Co., Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Simmons

13b. MOTHER'S MAIDEN NAME: Sarah Wilson

14. NAME OF HUSBAND OR WIFE: Emma Q. Cram

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): 7

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S SIGNATURE OR NAME: Emma Simmons
ADDRESS: California, 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) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 10 Mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

3.34 X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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) Pilot Grove (COUNTY) Moniteau (STATE) 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?:

22. *I hereby certify that I attended the deceased from* May 2, 1950, *to* Jan 10, 1951, *that I last saw the deceased alive on* Jan 10, 1951, *and that death occurred at* 8:55 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. J. Bevier (Degree or title) D.O.
23b. ADDRESS: 2 California, Mo
23c. DATE SIGNED: 3/7/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 9, 1951
24c. NAME OF CEMETERY OR CREMATORY: New City
24d. LOCATION (City, town, or county) California, Mo. (State)

DATE REC'D BY LOCAL REG. 3-17-51
REGISTRAR'S SIGNATURE Mrs. F. W. Scott Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: G. E. Wilson
ADDRESS: California, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-20-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 3-20-51

SEP 11 1956

MAR 21 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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed A. E. Wilson

Signed .....
Student Embalmer

Licensed Embalmer No. 2351

P. O. Address California, 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.