

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 16 1951

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 118		
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Newada</u>		c. LENGTH OF STAY (in this place) <u>few Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Badger Township</u>		d. STREET ADDRESS (If rural, give location) <u>Milo, Missouri</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>								
3. NAME OF DECEASED (Type or Print) <u>Minnie</u>			a. (First) _____		b. (Middle) _____		c. (Last) <u>Simmons</u>	
4. DATE OF DEATH <u>6-29-1951</u>		(Month) (Day) (Year)		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>8-19-1874</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR: Months <u>2</u> Days <u>10</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Bureau Co., Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Rosecoe Moore</u>			13b. MOTHER'S MAIDEN NAME <u>Jennie Reynolds</u>			14. NAME OF HUSBAND OR WIFE <u>Widow</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Simmons Nevada Rt #3</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		<u>Gastric hemorrhage</u>					<u>2 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.		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>General arteriosclerosis</u>						
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>6-28</u> , 1951, to <u>6-29</u> , 1951, that I last saw the deceased alive on <u>6-28</u> , 1951, and that death occurred at <u>3A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>F. L. Martin</u>			23b. ADDRESS <u>Milo, Missouri</u>		23c. DATE SIGNED <u>7-3-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-2-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Milo Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Milo, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>7-5-1951</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen V. Hays</u>				
				ADDRESS <u>Nevada, Mo</u>				

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

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUL 9 1951

Dist. File 25-1-1283

Date Filed 7-13-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Allen V. Hayes

Licensed Embalmer No. 1968

P. O. Address Nevada 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.