

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 17 1951

BIRTH NO. _____ REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **5658** Registrar's No. **112**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Russell		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Russell	
c. LENGTH OF STAY (In this place) 45 Yrs.		d. STREET ADDRESS (If rural, give location) U	
d. FULL NAME OF HOSPITAL OR INSTITUTION La Russell, Mo.			

3. NAME OF DECEASED (Type or Print)	a. (First) Alice	b. (Middle) Adora	c. (Last) Simmons	4. DATE OF DEATH (Month) (Day) (Year) September 2, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5-28-1863	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days 	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri U	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Enoch Oliver	13b. MOTHER'S MAIDEN NAME Rebecca Robinson	14. NAME OF HUSBAND OR WIFE John A. Simmons
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Leo Simmons	ADDRESS La Russell, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident		INTERVAL BETWEEN ONSET AND DEATH Approx. 1 week. 334X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **5/17/51**, 19**51**, to **9/2/51**, 19**51**, that I last saw the deceased alive on **8/22/51**, 19**51**, and that death occurred at **8:10 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Karl H. Birmer M.D. U	23b. ADDRESS 121 West Fourth St.	23c. DATE SIGNED 9/4/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)	24b. DATE 9-5-1951	24c. NAME OF CEMETERY OR CREMATORY Red Oak Cemetery	24d. LOCATION (City, town, or county) (State) Red Oak, Missouri
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DATE REC'D BY LOCAL REG. Sept 11, 1951	REGISTRAR'S SIGNATURE Paul Handrick	25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home	ADDRESS Carthage, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5552 / Birmer

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

RECEIVED

SEP 12 1951

Dist. File

957-1661

Date Filed

9-19-51

JUL 17 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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

4731

Carthage, 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.