

FILED JAN 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **317**
16
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan <u>0117</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <u>0</u> c. LENGTH OF STAY (in this place) 1 hour		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Meth. Hospital		d. STREET ADDRESS (If rural, give location) 1903 So. 12th St.	

3. NAME OF DECEASED (Type or Print)	a. (First) BERTHA	b. (Middle) J.	c. (Last) SIMERLY	4. DATE OF DEATH (Month) (Day) (Year) 1 6 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-25-1895	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Buffalo, Missouri <u>D</u>	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Killion	13b. MOTHER'S MAIDEN NAME Carol Hastings	14. NAME OF HUSBAND OR WIFE Arthur Simerly
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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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Simerly, 1903 So. 12th St.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy & dilatation of heart with congestive failure		Unknown
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)
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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? 493X
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22. I hereby certify that I attended the deceased from 1/6, 1952 to 1/6, 1952 that I last saw the deceased alive on 1/6, 1952 and that death occurred at 5:45 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. T. Bloomer, D.M. D.	23b. ADDRESS 1218 N. 32 St. Joseph Mo.	23c. DATE SIGNED 1/9/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-9-1952	24c. NAME OF CEMETERY OR CREMATORY Charity Cemetery	24d. LOCATION (City, town, or county) (State) Charity, Missouri
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DATE REC'D BY LOCAL REG. Jan 9, 1952	REGISTRAR'S SIGNATURE Carl C. Curtis	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John R. Sapp St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

EMBALMER

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, on-by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

John E. Rupp
Licensed Embalmer No. *3986*
P. O. Address *St. Joseph, 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.