

FILED MAR 20 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7193

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <b>Adair Co.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Adair County KIRKSVILLE Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Adair Co.</b>	
c. LENGTH OF STAY (in this place) <b>1 1/2</b>		d. STREET ADDRESS (If rural, give location) <b>Kirksville, Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Grim Smith Hosp.</b>		e. FULL NAME OF HOSPITAL OR INSTITUTION	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Wesley</b> c. (Last) <b>Simler</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 8, 1952</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>June 18, 1893</b>
9. AGE (In years last birthday) <b>58</b>		10. IF UNDER 1 YEAR Months <b>5</b> Days <b>25</b>	11. IF UNDER 1 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Adair Co. Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>John S. Simler</b>	
13b. MOTHER'S MAIDEN NAME <b>Rebecca Milliken</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. C.W. Simler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>no</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. C.W. Simler</b>		ADDRESS <b>Adair Co. Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Secondary shock from loss of blood</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <b>Slashing of throat</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>E977X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Youngtown, Mo.</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kirksville Adair Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Mar 8 1952 4:30 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Slashed throat with sharp and free cutting.</b>	
22. I hereby certify that I attended the deceased from <b>Mar 8, 1952</b> to <b>Mar 8, 1952</b> , that I last saw the deceased alive on <b>Mar 8, 1952</b> , and that death occurred at <b>11:02 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Orleton T. English - M.D.</b>		23b. ADDRESS <b>Kirksville, Mo.</b>	23c. DATE SIGNED <b>Mar 10, 1952</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar. 10. 52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Union Temple</b>	24d. LOCATION (City, town, or county) (State) <b>Adair Co., Mo.</b>
DATE REC'D BY LOCAL REG. <b>3-10-52</b>	REGISTRAR'S SIGNATURE <b>Routen Lambert</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Randolph Davis - Kirksville Mo</b>	

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

0-13

EX-100-1000

**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 Donald L. Roberts

Licensed Embalmer No. 4722

P. O. Address Ficksville 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.