

FILED MAR 24 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9604

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 92

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY St. Francois   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Wayne |  |
| b. CITY (If outside corporate limits, write RURAL and give township) Farmington<br>OR TOWN RURAL St. Francois |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Piedmont 1110                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4   |  | d. STREET ADDRESS (If rural, give location) /   |  |

|   |                |                  |   |
|---|----------------|------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) ELI | b. (Middle) E. | c. (Last) SIMONS | 4. DATE OF DEATH (Month) (Day) (Year)<br>March 10, 1952 |
|---|----------------|------------------|---|

|                  |                           |   |                                    |                                       |   |                                |
|------------------|---------------------------|---|------------------------------------|---------------------------------------|---|--------------------------------|
| 5. SEX 0<br>Male | 6. COLOR OR RACE<br>White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Never Married 0 | 8. DATE OF BIRTH<br>March 12, 1867 | 9. AGE (In years last birthday)<br>84 | IF UNDER 1 YEAR<br>Months 11<br>Days 28 | IF UNDER 24 HRS.<br>Hours Min. |
|------------------|---------------------------|---|------------------------------------|---------------------------------------|---|--------------------------------|

|  |                                   |  |  |
|--|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Carpentry | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country)<br>Upland, Indiana / | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A. |
|--|-----------------------------------|--|--|

|                                      |  |                             |
|--------------------------------------|--|-----------------------------|
| 13a. FATHER'S NAME<br>William Simons | 13b. MOTHER'S MAIDEN NAME<br>Mary Walker | 14. NAME OF HUSBAND OR WIFE |
|--------------------------------------|--|-----------------------------|

|   |                                    |  |
|---|------------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>Unknown | 16. SOCIAL SECURITY NO.<br>Unknown | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Records State Hospital No. 4, Farmington, Mo. |
|---|------------------------------------|--|

|  |   |  |  |
|--|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>Abt. 48 hrs. |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal pneumonia - - - - -   |  |  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with generalized arteriosclerosis and senility.                                  |   |  |  |

|                        |  |   |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br>4500 | 20. AUTOPSY?<br>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) (Min.) | 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 February 16, 1952, to March 10, 1952, that I last saw the deceased alive on March 10, 1952, and that death occurred at 7:20 P.m., from the causes and on the date stated above.

|   |   |                             |
|---|---|-----------------------------|
| 23a. SIGNATURE (Degree or title)<br><i>John C. Brennan M.D.</i> | 23b. ADDRESS<br>State Hospital No. 4, Farmington, Mo. | 23c. DATE SIGNED<br>3-11-52 |
|---|---|-----------------------------|

|   |                            |  |  |
|---|----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial | 24b. DATE<br>Mar. 12, 1952 | 24c. NAME OF CEMETERY OR CREMATORY<br>Masonic Cemetery | 24d. LOCATION (City, town, or county) (State)<br>Piedmont, Mo. |
|---|----------------------------|--|--|

|   |   |   |
|---|---|---|
| DATE REC'D BY LOCAL REG.<br>Mar. 12, 1952 | REGISTRAR'S SIGNATURE<br><i>Ether Reddy</i> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br>Gish Funeral Home, Piedmont, Missouri |
|---|---|---|

(Licensed Embalmer's Statement on Reverse Side)

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

40  
2

---

---

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 Paul K. Dwyer

Licensed Embalmer No. 4120

P. O. Address Farmington, 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.