S. No. 300
. 10.48

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

FILED SEP 2- 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27677

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 127

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (In this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Union Rural Hwy 50
d. STREET ADDRESS (If rural, give location): 0360

3. NAME OF DECEASED (Type or Print)
a. (First): GRANT
b. (Middle): L
c. (Last): SIMMONS

4. DATE OF DEATH (Month) (Day) (Year): Aug 25, 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 18, 1898
9. AGE (In years last birthday): 54
If under 1 year: Months: 3 Days: 7
If under 24 hrs.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Policeman
10b. KIND OF BUSINESS OR INDUSTRY: Policeman
11. BIRTHPLACE (State or foreign country): Cairo, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Bernie R Simmons
13b. MOTHER'S MAIDEN NAME: Ethel Sharp
14. NAME OF HUSBAND OR WIFE: Marian Simmons
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 489-28-0203
17. INFORMANT'S SIGNATURE OR NAME: Marian Simmons
ADDRESS: Union

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Ventricular Failure — INTERVAL BETWEEN ONSET AND DEATH: 6-8 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Old Infarction & Pericarditis — 6-8 yrs
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death
(1) Cholelithiasis & Biliary cirrhosis
(2) Bronchial (Allergic) asthma

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: cholelithiasis, portal + Biliary cirrhosis
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August *, 19*50*, to* Aug 25 *, 19*52*, that I last saw the deceased alive on* 24 Aug *, 19*52*, and that death occurred at* 3 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm R Richardson, M.D.
23b. ADDRESS: Union, Mo
23c. DATE SIGNED: 25 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 27, 1952
24c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
24d. LOCATION (City, town, or county) (State): St. James, Missouri

DATE REC'D BY LOCAL REG.: Aug. 26, 1952
REGISTRAR'S SIGNATURE: F. C. Hedrmann by L. C. Hedrmann
25. FUNERAL DIRECTOR'S SIGNATURE: Unique Funeral Home
ADDRESS: Union

(Licensed Embalmer's Statement on Reverse Side)

OCT 31 1956

VS APR 14 1967

SEP 8 1952

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 Harlan T. Johannabert

Licensed Embalmer No. 4488

P. O. Address Union, Ore.

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.