

FILED JAN 7 - 1953

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42859

State File No.

210

5721

Registrar's No. 75

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Mercer			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Marian Twp.		c. LENGTH OF STAY (In this place) 18 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Marian Twp.		0650	
d. FULL NAME OF HOSPITAL OR INSTITUTION Own Home.				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) Lora		a. (First)		b. (Middle)		c. (Last) Simms	
4. DATE OF DEATH Dec. 20, 1952		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 21, 1881		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 15 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Pixler		13b. MOTHER'S MAIDEN NAME Jane Curtis		14. NAME OF HUSBAND OR WIFE Fred Simms			
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 Pauline Simms Mercer, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial failure ANTECEDENT CAUSES Mitostases to Pelvis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Peritonium & ovaries DUE TO (c) Carcinoma of Uterus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 hrs 5 mo's 3 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: 174X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 Nov 1951 , to Nov 20, 1952 , that I last saw the deceased alive on Nov 19, 1952 , and that death occurred at 4:20 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Geo. J. Dawson M.D.				23b. ADDRESS Mercer, Mo.		23c. DATE SIGNED Jan 2 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 23, 1952		24c. NAME OF CEMETERY OR CREMATORY Early Cemetery		24d. LOCATION (City, town, or county) (State) Mercer, Mo.	
DATE REC'D BY LOCAL REG. 1-3-53		REGISTRAR'S SIGNATURE Pauline Simms		FUNERAL DIRECTOR'S SIGNATURE Pauline Simms		ADDRESS Lineville, Iowa.	

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

650
1

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, ~~only~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James L. Gravelle

Licensed Embalmer No. 3967

P. O. Address Lincoln Ave

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.