

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36537**
Registrar's No. **367**

FILED OCT 30 1953

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>367</u>	
1. PLACE OF DEATH a. COUNTY <u>MARION</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>SHELBY</u>			
b. CITY OR TOWN <u>HANNIBAL</u>		c. LENGTH OF STAY (in this place) <u>12 days</u>		c. CITY OR TOWN <u>EMOEN</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ELIZABETH</u>				d. STREET ADDRESS (If rural, give location) <u>1020</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PETER</u> b. (Middle) <u>TIPTON</u> c. (Last) <u>SIMMONS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-18-1953</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1/12/1873</u>		9. AGE (In years last birthday) <u>80</u> <u>9</u> <u>6</u> <u>6</u>		IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED BLACKSMITH</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>JOHN M. SIMMONS</u>			13b. MOTHER'S MAIDEN NAME <u>NANCY RAGAR</u>		14. NAME OF HUSBAND OR WIFE <u>ROSIE L. SIMMONS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rosie L. Simmons</u> ADDRESS <u>Emoen Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic Myo. carditis</u> DUE TO (c) <u>Arterio-Sclerotic gangrene of right leg.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E9030</u> <u>20</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT CHANGE <u>None</u> (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Shelbyville Shelby Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell while working around the house</u>			
22. I hereby certify that I attended the deceased from <u>10-7</u> , 19 <u>53</u> , to <u>10-18</u> , 19 <u>53</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>B. J. Murphy</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>10/23/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/20/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EMOEN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>EMOEN Mo</u>		
DATE REC'D BY LOCAL REG. <u>10-24-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>187-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Marion City Mo.</u>			

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

RECEIVED OCT 28 1953
MARION CO. HEALTH DEPT.
DATE FILED OCT 28 1953

NOV 2 1953

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *Narcis V. Garner*

Signed.....
Student Embalmer

Licensed Embalmer No. *3770*

P. O. Address. *Marion City 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.