

STANDARD CERTIFICATE OF DEATH

State File No. 40095

FILED DEC 1 - 1953 REG. DIST. NO. 914 PRIMARY REG. DIST. NO. 4439 Registrar's No. 579

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) Osceola	c. LENGTH OF STAY (In this place) 1 year	c. CITY (If outside corporate limits, write RURAL and give township) Osceola	0930 0
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Rural Osceola (4 mi; N.W.)	

3. NAME OF DECEASED (Type or Print) a. (First) James	b. (Middle) William	c. (Last) Simms	4. DATE OF DEATH (Month) (Day) (Year) Oct, 25 1953
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Dec; 9 1868	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Clair Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown Simms	13b. MOTHER'S MAIDEN NAME Anna Race	14. NAME OF HUSBAND OR WIFE Deceased
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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 Margaret Powell, Osceola Missouri	ADDRESS
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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) <u>Hypertensive Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>Hypertension</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 3 days Hysteria
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) 593X
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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?
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22. I hereby certify that I attended the deceased from June 18 1953, to Oct 25, 1953, that I last saw the deceased alive on Oct 25, 1953 and that death occurred at 7:20 AM, from the causes and on the date stated above.

23a. SIGNATURE J.B. Roman, D.D.	(Degree or title)	23b. ADDRESS Farming City, Mo.	23c. DATE SIGNED 10/26/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/27/53	24c. NAME OF CEMETERY OR CREMATORY Yeater	24d. LOCATION (City, town, or county) (State) Osceola Missouri
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DATE REC'D BY LOCAL REG. 11-27-53	REGISTRAR'S SIGNATURE W.H. Seeger	25. FUNERAL DIRECTOR'S SIGNATURE H. Seeger	ADDRESS Osceola Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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 J. B. [Signature]

Licensed Embalmer No. 3038

P. O. Address Crescent Hill

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.