

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43587**
Registrar's No. **148**

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041**

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Macon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Macon | |
| b. CITY OR TOWN Macon | | c. CITY OR TOWN Bever Rural | |
| c. LENGTH OF STAY (In this place) 21 hrs | | d. STREET ADDRESS (If rural, give location) 0610 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lamaritan Hospital | | | |

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|---|-------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) John | b. (Middle) | c. (Last) SIMON | 4. DATE OF DEATH (Month) (Day) (Year) 12-6-53 |
|---|-------------|------------------------|---|

| | | | | | | | | |
|--------------------|-------------------------------|---|---------------------------------|---|---------------------------|-------------------------|---------------------------|--------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 9-25-87 | 9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
|--------------------|-------------------------------|---|---------------------------------|---|---------------------------|-------------------------|---------------------------|--------------------------|

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|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner | 10b. KIND OF BUSINESS OR INDUSTRY - | 11. BIRTHPLACE (State or foreign country) Bever Mo | 12. CITIZEN OF WHAT COUNTRY? USA |
|--|--|--|--|

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|--|--|--|
| 13a. FATHER'S NAME Jesse Simon | 13b. MOTHER'S MAIDEN NAME Cecelia Powell | 14. NAME OF HUSBAND OR WIFE Wanda Simon |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. 492-10-6139 | 17. INFORMANT'S SIGNATURE OR NAME Wanda Simon | ADDRESS Bever Mo |
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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 | | INTERVAL BETWEEN ONSET AND DEATH 24 hrs. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Volvulus of Stomach | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 545X | | | |

| | | |
|---------------------------------------|---|--|
| 19a. DATE OF OPERATION 12/5/53 | 19b. MAJOR FINDINGS OF OPERATION Mucocoele of appendix, Volvulus stomach - gangrenous small, large intestine appears free. | 20. AUTOPSY? 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) |
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| | | |
|--|--|----------------------------|
| 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 **12-5**, 19**53**, to **12-6**, 19**53**, that I last saw the deceased alive on **12-6-53**, 19**53**, and that death occurred at _____ m., from the causes and on the date stated above.

| | | |
|--|---------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) Howard Miller MD | 23b. ADDRESS Macon | 23c. DATE SIGNED 12/11/53 |
|--|---------------------------|----------------------------------|

| | | | |
|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12-9-53 | 24c. NAME OF CEMETERY OR CREMATORY West Parkwood | 24d. LOCATION (City, town, or county) (State) Bever Mo |
|---|--------------------------|---|---|

| | | | |
|--|---|--|-------------------------|
| DATE REC'D BY LOCAL REG. 12/26/53 | REGISTRAR'S SIGNATURE Ruth McNeely | 25. FUNERAL DIRECTOR'S SIGNATURE W.S. Edwards | ADDRESS Bever Mo |
|--|---|--|-------------------------|

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

No. 300
10-48

JAN 12 1954

RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No. 12,03215
Date Filed 1.7.54

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 *A. G. Edwards*

Licensed Embalmer No. 1961

P. O. Address *Brewer, 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.