

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

**12709**

State File No. ....

**FILED APR 29 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 118

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Marion</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Hannibal</u> c. LENGTH OF STAY (In this place) <u>2 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Palmyra, Mo.</u> d. STREET ADDRESS (If rural, give location) <u>103 North Home</u>		
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Hershel</u> b. (Middle) _____ c. (Last) <u>Symmonds</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>April 21, 1954</u>				
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Jan. 5, 1874</u>	<b>9. AGE</b> (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Scotland County, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	

<b>13a. FATHER'S NAME</b> <u>Issac Symmonds</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Ann Mable</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Addie Jayne</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>499-05-7086</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Ethel Butler, Palmyra, Mo.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 h.</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4201</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 4/20, 1954, to 4/21, 1954, that I last saw the deceased alive on \_\_\_\_\_, 1954, and that death occurred at 7:30 m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>[Signature]</u>	<b>23b. ADDRESS</b> <u>Palmyra Mo.</u>	<b>23c. DATE SIGNED</b> <u>4/24/54</u>
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<b>24a. BURIAL CREMATION REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>4/23/54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Greenwood Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Palmyra, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>4-26-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Dr. E. M. Luke</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Levin Brod. Palmyra Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300  
48

APR 28 1938  
RECEIVED  
MARION CO. HEALTH DEPT.  
DATE FILED APR 28 1938

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

*Bob Lewis*

Licensed Embalmer No.

*2382*

P. O. Address

*Delmar, Md*

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.