

FILED MAY 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16371

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 327

1. PLACE OF DEATH
 a. COUNTY Jasper
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin
 c. LENGTH OF STAY (In this place) 10
 d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Cherokee
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bayler Springs
 d. STREET ADDRESS (If rural, give location) 1810 Military

3. NAME OF DECEASED
 a. (First) Maye b. (Middle) B c. (Last) Simons
 4. DATE OF DEATH (Month) (Day) (Year) 5-18-54

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Feb 28-1890 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. 64

10a. USUAL OCCUPATION (Specify kind of work and during most of working life, or if retired) House work 10b. KIND OF BUSINESS OR INDUSTRY Own home 11. BIRTHPLACE (State or foreign country) mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Beagle 13b. MOTHER'S MAIDEN NAME Wentman 14. NAME OF HUSBAND OR WIFE (Dee)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give no. or dates of service) X 16. SOCIAL SECURITY NO. X 17. INFORMANT'S SIGNATURE OR NAME Mrs Carl Simons ADDRESS _____

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Hemorrhage
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) (Abdominal) Aortic Aneurysm
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
Artero-Sclerosis - c Hypertension

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 457X 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from 5-17, 1954, to 5-18, 1954, that I last saw the deceased alive on 5-18, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE L. P. Pritchard (Degree or title) Doc 23b. ADDRESS Bayler Springs, Mo. 23c. DATE SIGNED 5-19-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried 24b. DATE May-21-54 24c. NAME OF CEMETERY OR CREMATORY F.O.F. Cemetery 24d. LOCATION (City, town, or county) (State) Neosho Mo

DATE REC'D BY LOCAL REG. 5-20-54 REGISTRAR'S SIGNATURE James B. Simons 138 FUNERAL DIRECTOR'S SIGNATURE Lance Ware ADDRESS Bayler, Mo.

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

(202)

RECEIVED MAY 24 1954
Jasper County Health Office
County File Number 54-5-388
Date Filed MAY 24 1954

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.....

Wene Funeral Home

working under my personal supervision.

Student Embalmer No.....

Signed.....

James Wene

Signed.....
Student Embalmer

Licensed Embalmer No. *2880 mo*

P. O. Address *Bayton Spgs Kan*

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.