

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26661

State File No. \_\_\_\_\_

FILED AUG 30 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 73

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Cooper</u> b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN <u>Boonville</u> c. LENGTH OF STAY (in this place) <u>2 weeks</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Haas Convalescent Home</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u> c. CITY OR TOWN <u>Boonville</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> • STREET ADDRESS (If rural, give location) <u>515 West St.</u> <span style="float: right;">02720</span>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Langlotz</u> c. (Last) <u>Simmons.</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>August 27 1954</u>	
<b>5. SEX</b> <u>Female</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>Nov. 7 1874</u>
<b>9. AGE</b> (In years last birthday) <u>79</u>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own home</u>
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Cooper County, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>John Langlotz</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Marie ????</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Henry Simmons.</u>			
<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> _____	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mr. Henry Simmons, Boonville, Mo.</u>			
<b>18. CAUSE OF DEATH</b> 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.			
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Conalitic paralysis</u> <u>10 weeks.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Left hemiplegia</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH  <u>10 weeks.</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <u>Had a second attack of paralytic this time on the right side.</u>		<u>18 hours.</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>332 X</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<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)		<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>			
<b>22. I hereby certify that I attended the deceased from <u>August 9, 1954 to August 7, 1954</u>, that I last saw the deceased alive on <u>Aug. 9, 1954</u>, and that death occurred at <u>10:00 A.M.</u>, from the causes and on the date stated above.             </b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>Dr. W. E. Stone M.D.</u>		<b>23b. ADDRESS</b> <u>Boonville Mo</u>	
<b>23c. DATE SIGNED</b> <u>8.27.1954</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>Aug. 29 1954</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Walnut Grove</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Boonville, Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>8/28/54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>D. Hooper 381</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Goodman &amp; Boller, Boonville, Mo.</u>		<b>ADDRESS</b>	

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *G. F. Boller*

Licensed Embalmer No. *306*

P. O. Address *Boonville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.