

FILED OCT 20 1954

STANDARD CERTIFICATE OF DEATH

State File No. 34590

BIRTH NO. _____		REG. DIST. NO. <u>201</u>		PRIMARY REG. DIST. NO. <u>4315</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>MACON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MACON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LA PLATA</u>		c. LENGTH OF STAY (in this place) <u>38 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LA PLATA</u>		0610		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARRIE</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>SIMMONS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-11-54</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>4-23-76</u>		
9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR Months <u>5</u> Days <u>18</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>JOSEPH HUNSAKER</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE WEALES</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN W. SIMMONS</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lee Bunch</u> ADDRESS <u>allendale</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> <u>14 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					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) <u>332X</u>				
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? _____				
22. I hereby certify that I attended the deceased from <u>Jan 1, 1954</u> to <u>10-11, 1954</u> , that I last saw the deceased alive on <u>10-11, 1954</u> , and that death occurred at <u>1 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Harold A. Griffin</u>				23b. ADDRESS <u>La Plata Mo</u>		23c. DATE SIGNED <u>10-11-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct-12-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>La Plata</u>		24d. LOCATION (City, town, or county) (State) <u>La Plata MO</u>		
DATE REC'D BY LOCAL REG. <u>Oct 12 1954</u>		REGISTRAR'S SIGNATURE <u>Mr. O. J. Griffin</u>		FUNERAL DIRECTOR'S SIGNATURE <u>D. S. Christi</u>		ADDRESS <u>La Plata MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

DEC 8 1954

NOV 1 1954

RECEIVED 10.15.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 10-54-155
Date Filed 10.19.54

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 D.S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.