

FILED MAY 2 1955

STANDARD CERTIFICATE OF DEATH

State File No. 12757

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <i>Nodaway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Nodaway</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Marysville Mo</i>	c. LENGTH OF STAY (in this place) <i>7</i>	c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>0740</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Francis</i>		e. STREET ADDRESS (If rural, give location) <i>Conception Abbey</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Dominic Bernard</i>	b. (Middle)	c. (Last) <i>Simmons</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Apr 23 55</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>July 26 - 1873</i>	9. AGE (In years last birthday) <i>82</i>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retiree</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Reals Switzerland</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Paltzer Simmons</i>	13b. MOTHER'S MAIDEN NAME <i>Antonie Berner</i>	14. NAME OF HUSBAND OR WIFE <i>None</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Father Ernest Conception Abbey</i>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebrovascular Accident</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>351X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *April 17, 1955* to *Apr 20, 1955*, that I last saw the deceased alive on *Apr 23, 1955*, and that death occurred at *8:55 a. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Robert E. Dunstree M.D.</i>	23b. ADDRESS <i>Marysville Mo</i>	23c. DATE SIGNED <i>Apr 23 - 1955</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Apr 20 - 55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St Columbian</i>	24d. LOCATION (City, town, or county) (State) <i>Conception Mo</i>
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DATE REC'D BY LOCAL REG. <i>4-30-55</i>	REGISTRAR'S SIGNATURE <i>Deas Holto</i>	25. SPECIAL DIRECTOR'S SIGNATURE <i>R.D. Jagger</i>	ADDRESS <i>King City Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
R. G. Jagger

Licensed Embalmer No. *3056*

P. O. Address *King City*

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.