

FILED JAN 9 1956

STANDARD CERTIFICATE OF DEATH

State File No. 2080

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittal.) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>PARIS</b>		c. LENGTH OF STAY (In this place) <b>3 YRS</b>	c. CITY OR TOWN <b>PARIS</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>W. CALDWELL ST</b>		STREET ADDRESS (If rural, give location) <b>W. CALDWELL ST.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>NANNIE</b>	b. (Middle) <b>L.</b>	c. (Last) <b>SIMON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 4, 1956</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>AUG 1<sup>ST</sup>, 1870</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>3</b>	IF UNDER 24 HRS. Hours <b>21</b> Min. <b>4</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MONROE Co., MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>JOHN LIXEY</b>	13b. MOTHER'S MAIDEN NAME <b>MARGRET BARTON</b>	14. NAME OF HUSBAND OR WIFE <b>OTTO O. SIMON</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>✓</b>	17. INFORMANT'S SIGNATURE OR NAME <b>CHAS. SIMON</b>	ADDRESS <b>PARIS, MO.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 1/2 hrs</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Auto - Stroke</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>3:31x</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 **DEC 31, 1955** to **JAN. 4, 1956**, that I last saw the deceased alive on **JAN. 4, 1956**, and that death occurred at **11:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>PARIS, MO.</b>	23c. DATE SIGNED <b>1-5-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>1-6-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>PRESANT HILL</b>	24d. LOCATION (City, town, or county) (State) <b>MONROE Co., MO.</b>
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DATE REC'D BY LOCAL REG. <b>1-5-56</b>	REGISTRAR'S SIGNATURE <b>F. L. Burnett M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Speed + Blakey</b>	ADDRESS <b>PARIS, MISSOURI</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *E. H. Agnew*

Licensed Embalmer No. *400*

P. O. Address *PARIS, M.*

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.