

FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44598

BIRTH NO. _____		REG. DIST. NO. 371		PRIMARY REG. DIST. NO. 6262		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY WEBSTER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WEBSTER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL WEST DALLAS TWP.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION RT # 3				e. STREET ADDRESS (If rural, give location) RURAL RT # 3 ROGERSVILLE 1120			
3. NAME OF DECEASED (Type or Print) a. (First) LOUISA b. (Middle) C. c. (Last) ROBB			4. DATE OF DEATH (Month) (Day) (Year) NOV. 3 1956				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 10 MAY 1861		9. AGE (In years last birthday) 95	# UNDER 1 YEAR Months	# UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) WEBSTER Co, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME THOMAS SIMMERMAN			13b. MOTHER'S MAIDEN NAME ROSE		14. NAME OF HUSBAND OR WIFE WILLIAM		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS L. L. ROBB, RT # 3 ROGERSVILLE				
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, athenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia INTERVAL BETWEEN ONSET AND DEATH 6 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Heart Failure 2 weeks DUE TO (c) arteriosclerotic Heart Disease 10 years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity - age					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200					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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 10/22, 1956, to 11/1, 1956, that I last saw the deceased alive on 11/1, 1956, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. M. Macdonnell MD.				23b. ADDRESS Marshfield, Mo.		23c. DATE SIGNED Nov 25 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6 Nov. 56	24c. NAME OF CEMETERY OR CREMATORY WHITE OAK CEM.		24d. LOCATION (City, town, or county) (State) WEBSTER Co, Mo		
DATE REC'D BY LOCAL REG. 1-4-57		REGISTRAR'S SIGNATURE Opal M. Good		25. FUNERAL DIRECTOR'S SIGNATURE H. C. Ferrell		ADDRESS Rogersville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 *Mr. K. Lowell*.....

Licensed Embalmer No. 4910.....

P. O. Address *Rogersville, Tenn.*.....

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.