

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12554

FILED MAY 13 1957

4138 State File No.

BIRTH NO. _____		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. 3412		Registrar's No. <u>48</u>			
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lathrop</u>		c. LENGTH OF STAY (in this place) <u>7 years</u>		c. CITY OR TOWN <u>Lathrop</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Home, Lathrop, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>Lathrop</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALVIA</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>SIMMONS</u>			4. DATE OF DEATH Month <u>May</u> Day <u>4</u> Year <u>1957</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 11, 1886</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>23</u>	IF UNDER 12 HRS. Hour <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad-Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroading</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Creston, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Joe Simmons</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Jane Reish</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Dora Simmons</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-05-5681</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Dora Simmons Lathrop, Mo.</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>Cardiac arrest</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pulmonary hypertension</u> DUE TO (c) <u>pulmonary Interstitial fibrosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 min.</u> <u>15 yrs.</u> <u>20 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>525X</u>				20. AUTOPSY? YES <input checked="" 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) (Min.)		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>12-5-56</u> , 19 <u>56</u> , to <u>5-4</u> , 19 <u>57</u> that I last saw the deceased alive on <u>5-4</u> , 19 <u>57</u> , and that death occurred at <u>5:40pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Ed. Warner</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Lathrop, Mo.</u>		23c. DATE SIGNED <u>5-8-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 7, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>5-10-57</u>		REGISTRAR'S SIGNATURE <u>Francis D. Crawford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ed Moss CRUNK, CAMERON, MO</u>					

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

531

(License of Embalmer's Statement on Reverse Side)

MAR 9 1 1958

JUN 5 1957

JUN 5 1957

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 *James W. Thorson*.....

Licensed Embalmer No. *4889*.....

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