pt. Health,
., & Welfare
S. Public
lth Service

. S. 300
ev. 1-57

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

47110
STATE FILE NUMBER

Registration District No. 369 Primary Registration District No. 6249 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY WAYNE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY WAYNE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN PIEDMONT 1110 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NONE — Length of stay in 1b	d. STREET ADDRESS R#1. Benton Twp. (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: EDWARD	Middle: W.	Last: SIMMS	4. DATE OF DEATH	Month 12 Day 7 Year 57
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 1-14-1897	9. AGE (In years last birthday): 60	IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED GLASS WORKER	10b. KIND OF BUSINESS OR INDUSTRY: P.P.G. CO.	11. BIRTHPLACE (City and state or country): PLATTIN, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME: WILLIAM SIMMS	13b. MOTHER'S MAIDEN NAME: Minerva J. Elliot	14. NAME OF HUSBAND OR WIFE: THELMA			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 489-03-4405	17. INFORMANT: THELMA SIMMS	Address: PIEDMONT, MO, R#1		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan. 7 1957, to Dec. 2, 1957 and last saw her/him alive on Dec 2, 1957

Death occurred at 1:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Bertalan Bolyan	22b. ADDRESS: Fortus, Mo	22c. DATE SIGNED: 12/9/57
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 12-11-57	23c. NAME OF CEMETERY OR CREMATORY: ROSELAWN GARDEN CEM.
23d. LOCATION (City, town, or county) (State): CRYSTAL CITY, MISSOURI		
24. FUNERAL DIRECTOR: Lucky R. Pelitte	ADDRESS: Crystal City-Mo.	25. DATE RECD. BY LOCAL REG.: Dec. 13-1957
26. REGISTRAR'S SIGNATURE: Hazel Ward		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

60
0

WAYNE CO. HEALTH CENTER
FILE No. _____

DEC 31 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 Gentry P. Palitte

Licensed Embalmer No. 3481

P. O. Address Crystal 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.