

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17388-58

58-010848
STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 104

5. 300
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Nodaway			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway <u>0742</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Maryville.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> <u>0</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.		Length of stay in lb 1 day	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Richard Dale Simmons			4. DATE OF DEATH Month Day Year March 24, 1958		
5. SEX Male <u>d</u>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 23, 1958		9. AGE (In years last birthday) 1 day
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (City and state or country) Maryville, Missouri <u>d</u>		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Burl Dale Simmons		13b. MOTHER'S MAIDEN NAME Dola Lesley		14. NAME OF HUSBAND OR WIFE Never Married	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Dola Simmons - Blockton, Iowa	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory failure due to cardiac failure to</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Septicemia</u> DUE TO (c) <u>Premature labor</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Premature labor</u>					INTERVAL BETWEEN ONSET AND DEATH 2 days
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>3-23-58</u> to <u>3-26-58</u> and last saw her alive on <u>3-25-58</u> Death occurred at <u>St. Francis Hospital</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>H. C. Dawson MD</u>			22b. ADDRESS <u>12180 Main Maryville</u>		22c. DATE SIGNED <u>3/29/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE March 25, 1958	23c. NAME OF CEMETERY OR CREMATORY Isadora Cemetery		23d. LOCATION (City, town or county) (State) Isadora, Missouri
24. FUNERAL DIRECTOR ADDRESS <u>Bill Dugler - Brent City, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>4-12-58</u>		26. REGISTRAR'S SIGNATURE <u>Bess Holt</u>	

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 *Bill A. Dwyer*

Licensed Embalmer No. *4902*

P. O. Address *South City, 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.