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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-032161
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 129

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Boonville — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ~~Knabe Home~~, 1012 Santa Fe — Length of stay in lb 2 Weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cooper
c. CITY OR TOWN Boonville 027 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) R. F. D. #2 — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First Hattie Middle Simmons Last Lauer
4. DATE OF DEATH Month October Day 8 Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH Jan. 30, 1884
9. AGE (In years last birthday) 74 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (City and state or country) Boonville, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Simmons
13b. MOTHER'S MAIDEN NAME Belinda Murdock.
14. NAME OF HUSBAND OR WIFE Henry Lauer.

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. -----
17. INFORMANT Address Mrs. Raymond Knabe, Boonville, Mo.

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) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH 48 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio-sclerosis
DUE TO (c) 334X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 Oct 3-58, to Oct 8 '58 and last saw her/him alive on Oct 8-58
Death occurred at 515 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M L Dickraeger MD
22b. ADDRESS Boonville Mo
22c. DATE SIGNED 10/10/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 11, 1958
23c. NAME OF CEMETERY OR CREMATORY Walnut Grove
23d. LOCATION (City, town, or county) (State) Boonville, Missouri.

24. FUNERAL DIRECTOR ADDRESS Goodman & Boller, Boonville, Mo.
25. DATE RECD. BY LOCAL REG. 10/10/58
26. REGISTRAR'S SIGNATURE D E Hooper

(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.

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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 William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, 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.