

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018268

STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 20

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY JOHNSON | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HOLDEN | | a. STATE MISSOURI | | b. COUNTY SALINE | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOLDEN HOSPITAL | | Length of stay in 1b 7 DAYS | | c. CITY OR TOWN SWEET SPRINGS | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) MAUDE ELIZABETH SIMMONS | | | | 4. DATE OF DEATH MAY 14, 1959 | | | |
| 5. SEX FEMALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH MARCH 9, 1897 | |
| 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 country) SALINE COUNTY, MO | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME ELLIOTT AKEMAN | | | | 14. MOTHER'S MAIDEN NAME MATTIE HUGHES | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT I. H. SIMMONS - Sweet Springs Mo | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular Renal Breakdown | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 5/5/59 - 5/14/59 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) Congestive heart failure | | DUE TO (c) | | Just 5 yrs | |
| 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | |
| 20c. TIME OF INJURY | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | |
| Hour | | Month, Day, Year | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| a. m. | | p. m. | | 20g. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from 5/8/59 to 5/14/59 and last saw her alive on 5/14/59 | | Death occurred at 9 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE | | (Degree or title) DO | | 22b. ADDRESS 2 Holden Mo. | | 22c. DATE SIGNED 5/14/59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) | |
| Removal | | May 14, 1959 | | Fairview Cemetery | | Sweet Springs, Mo. | |
| 24. FUNERAL DIRECTOR | | ADDRESS | | 25. DATE RECD. BY LOCAL REG. | | 26. REGISTRAR'S SIGNATURE | |
| L. F. PARKER | | SWEET SPRINGS, MO | | May 18, 1959 | | Mrs G. V. Redford | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *L. T. Parker*.....

Licensed Embalmer No. *38*.....

P. O. Address *Sweet Springs*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.