

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-020787

FILED JUL 7 1959 82

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STATE FILE NUMBER 88

INDEXED

1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cooper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville		Length of stay in 1b 3 Years.		c. CITY OR TOWN Boonville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1105 Main St.	
3. NAME OF DECEASED (Type or print) First Elizabeth Middle Gertrude Last Simmons		4. DATE OF DEATH Month June Day 29 Year 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 July 29, 1899	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR 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) Millersburg, Ky.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Richard Crump		13b. MOTHER'S MAIDEN NAME Armantha Manning		14. NAME OF HUSBAND OR WIFE Walter F. Simmons.			
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. -----		17. INFORMANT Address Mo Mr. Walter F. Simmons, Boonville.			
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 VASCULAR ACCIDENT WITH LEFT HEMIPLEGIA						INTERVAL BETWEEN ONSET AND DEATH 9 DAYS	
DUE TO (b) HYPERTENSIVE (CARDIOVASCULAR DISEASE)						YEARS	
DUE TO (c) CEREBRAL VASCULAR ACCIDENT WITH RIGHT HEMIPLEGIA						10 YRS.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <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 Nov. 2, 1957 to June 29, 1959 and last saw her alive on June 29, 1959 Death occurred at 11:30 PM. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>L. Hea, Mrs.</i> (Degree or title)				22b. ADDRESS 329 Main St., Boonville, Mo		22c. DATE SIGNED 6/30/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 3rd 1959		23c. NAME OF CEMETERY OR CREMATORY Hillcrest		23d. LOCATION (City, town, or county) (State) Fulton, Missouri.	
24. FUNERAL DIRECTOR Goodman & Boller, Boonville, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 6/30/59		26. REGISTRAR'S SIGNATURE <i>H. Hooper</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

William H. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, Miss

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.