

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023872

STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 352 Primary Registration District No. _____ Registrar's No. 62

300
-57

1. PLACE OF DEATH a. COUNTY <u>Taney</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Taney</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Branson</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Forsyth</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Skaggs Hosp.</u>		Length of stay in 1b <u>30 min.</u>	d. STREET ADDRESS <u>Forsyth</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>PEARLIE MAE SIMMONS</u>			4. DATE OF DEATH Month Day Year <u>June 22, 1959</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 23, 1888</u>	9. AGE (In years last birthday) <u>70</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeping</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Ford</u>		13b. MOTHER'S MAIDEN NAME <u>Liza Young</u>		14. NAME OF HUSBAND OR WIFE <u>Tom Simmons</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT <u>Tom Simmons</u>		Address <u>Forsyth, Mo</u>	
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>Cerebral Occlusion</u> Conditions, if any, } DUE TO (b) <u>Arteriosclerosis</u> which gave rise to } above cause (a), } stating the under- } lying cause last. } DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>					INTERVAL BETWEEN ONSET AND DEATH
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. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 <u>7:15 6/22/59</u> to <u>7:55 6/22/59</u> and last saw her alive on <u>6/22/59</u> Death occurred at <u>Skaggs Hosp</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Foy Bellinger M.D.</u> (Degree or title)			22b. ADDRESS <u>Branson Mo</u>		22c. DATE SIGNED <u>6/24/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>6-24-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park</u>		23d. LOCATION (City, town, or country) <u>Branson, Mo</u>	
24. FUNERAL DIRECTOR <u>W.S. COBB</u>		ADDRESS <u>FORSYTH, MO</u>	25. DATE RECD. BY LOCAL REG. <u>6/30/59</u>	26. REGISTRAR'S SIGNATURE <u>Helen Campbell</u>	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Walter S. Cobb*

Licensed Embalmer No. *4721*

P. O. Address *Branson*

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.