

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. JUL 6 1960 53

=60-022538

Registration District No. _____ Primary Registration District No. 3010 Registrar's No. 260 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in lb 2 days	c. CITY OR TOWN RFD #1 Bertrand
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD #1 Bertrand
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print)	First Ora	Middle Belle	Last Simmons	4. DATE OF DEATH	Month 6	Day 19	Year 60
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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 3/28/1898	9. AGE (last birthday) 62	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months		Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Russellville, Ark.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME John Ingram	13b. MOTHER'S MAIDEN NAME Carry Clayton	14. NAME OF HUSBAND OR WIFE Ed Simmons
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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 Ed Simmons, RFD #1 Bertrand	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Intest. obstruction - Polycthemia</i> <i>Cardiac decompensation</i> DUE TO (b) _____ DUE TO (c) _____	INTERVAL BETWEEN ONSET AND DEATH 10 hrs
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Pericarditis of Colon - Myocardial degeneration</i>	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
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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.)
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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 _____
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21. I attended the deceased from Feb 1960 to 6-19-60 and last saw her alive on 6-19-60 Death occurred at 6:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>T. P. Fenton, Jr.</i> (Degree or title)	22b. ADDRESS <i>Wyatt Mo</i>	22c. DATE SIGNED 6-19-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/22/60	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) Charleston, Mo. (State)
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24. FUNERAL DIRECTOR <i>John T. Fennell</i> ADDRESS The Nunnelee Funeral Chapel Charleston, Mo.	25. DATE RECD. BY LOCAL REG. 6-28-60	26. REGISTRAR'S SIGNATURE <i>James Kasten</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 28 1927

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 John P. Remaker Jr.

Licensed Embalmer No. 3851

P. O. Address Charlotte

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