

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-027637

FILED VS. JUL 20 1960 207

STATE FILE NUMBER

ENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. 3043 Registrar's No. 279

1. PLACE OF DEATH a. COUNTY <b>Marion</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Marion</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		Length of stay in 1b <b>48 yrs.</b>		c. CITY OR TOWN <b>Hannibal</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Elizabeth Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>411 N. 8th St.</b>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>LORA</b> Middle <b>IRENE</b> Last <b>SIMON</b>				4. DATE OF DEATH Month <b>July</b> Day <b>15</b> Year <b>1960</b>			
5. SEX <b>female</b>	6. COLOR OR RACE <b>negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7/19/06</b>	9. AGE (last birthday) <b>53</b>	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) <b>cleaning woman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>private homes</b>		11. BIRTHPLACE (City and state or country) <b>Monroe City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>United States</b>
13a. FATHER'S NAME <b>Frank Julius</b>			13b. MOTHER'S MAIDEN NAME <b>Ida Belle Elligan</b>		14. NAME OF HUSBAND OR WIFE <b>Richard Simon</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>----</b>		17. INFORMANT Address <b>Richard Simon, 411 N. 8th, Hannibal</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Massive collapse of lungs</b>							INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Died following laparotomy</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ to _____ and last saw him alive on _____ Death occurred at <b>9:30 a.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Henry H. Sweeth J M D Coroner</b>				22b. ADDRESS <b>Hannibal Mo</b>		22c. DATE SIGNED <b>6/15/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>7/17/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Robinson Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Hannibal, Missouri</b>		
24. GENERAL DIRECTOR <b>Jack Lehman - Hannibal, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>7-16-1960</b>	26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Lusk &amp; Lillian M. Jones</b>		

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *John Stewart*  
Licensed Embalmer No. 490

P. O. Address Hamilton

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.