

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004410

FILED VS JAN 26 1961

360

Registration District No. Primary Registration District No. 6225 Registrar's No. 8

STATE FILE NUMBER

AMENDED

DATE AMENDED

(INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township		Length of stay in 1b 8yrs. 6 mo.	c. CITY OR TOWN Bolivar
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 3		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None
3. NAME OF DECEASED (Type or print) First Anne Middle Simmons Last Simmons		4. DATE OF DEATH Month 1 Day 7 Year 61	
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 2/13/1889
9. AGE (last birthday) 71		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) Housework		10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (City and state or country) Dunnegan Springs, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.S.A.		13a. FATHER'S NAME Hugh B. Hite	
13b. MOTHER'S MAIDEN NAME Martisha Rinck		14. NAME OF HUSBAND OR WIFE James 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. None	17. INFORMANT Hospital Records Nevada, 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) Pneumonitis DUE TO (b) Arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Syphilitic Meningo encephalitis			INTERVAL BETWEEN ONSET AND DEATH
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.) None
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.) None		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 12/31/56 to 1/7/61 and last saw her alive on 1/7/61 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George Esker M.D.		22b. ADDRESS State Hospital #3-Nevada, Mo.	22c. DATE SIGNED 1/7/1961
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE January 10 61	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) (State) Bolivar, Missouri
24. FUNERAL DIRECTOR Pitts Funeral Home		25. DATE RECD. BY LOCAL REG. Jan 18-1961	26. REGISTRAR'S SIGNATURE Anna J. Jarry

VS JAN 2 1961

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

James Douglas Griswold

Licensed Embalmer No. 5099

P. O. Address Newark, N.J.

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.