

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024722

STATE FILE NUMBER

AMENDED

Registration District No. 120

Primary Registration District No. 4144

Registrar's No. 66

FILED AUG 1 1961

1. PLACE OF DEATH

a. COUNTY

Gentry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Albany

Length of stay in 1b
1 year

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION
Gentry County
Memorial Hospital

Inside Limits
Yes ☒ No ☐

c. CITY
OR TOWN Albany

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

102 E. South St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

FAY

CATHERINE

SIMMONS

4. DATE
OF DEATH

Month

Day

Year

July 22,

1961

5. SEX

F

6. COLOR OR RACE

W

7. Married

☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Mar 2, 1897

9. AGE (last birthday)

64

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)
nursing

10b. KIND OF BUSINESS OR INDUSTRY

practical nursing

11. BIRTHPLACE (City and state or country)

Gentry Co., Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

William H. Claybaugh

13b. MOTHER'S MAIDEN NAME

Katty Patchin

14. NAME OF HUSBAND OR WIFE

Elbert C. 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.

542-09-8409

17. INFORMANT

Mr. E.C. Simmons

Address

Albany, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

arteriosclerosis

DUE TO (c)

2 hemiplegia

INTERVAL BETWEEN ONSET AND DEATH

3 months
sudden
years
3 + 8
yrs. ago.

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.

☐ Yes

☒ No

☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

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 ☐
NOT WHILE 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 April, 1961, to 7-22-61 and last saw her alive on 7-22-61
Death occurred at 1:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Frank H. Rose, M.D., Albany, Mo.

Albany, Mo.

7-23-61

23a. BURIAL, CREMATION,
REMOVAL (Specify)
burial

23b. DATE

July 24, 1961

23c. NAME OF CEMETERY OR CREMATORY

Highland

23d. LOCATION (City, town, or county)

Albany,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Brooks-Cochell Funeral Home Albany, Mo.

25. DATE RECD. BY LOCAL REG.

7-23-61

26. REGISTRAR'S SIGNATURE

Mrs. L. W. Bare

AUG 3 1961

AUG 17 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 ME, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald E Coalup

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

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.