

FILLED NOV 4 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34724

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 311

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community _____
years, months or days)

3. (a) PRINT FULL NAME Patricia Lucille Simmons

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 17 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Jefferson City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Haskell Simmons

13. Birthplace Eldon, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Gladys Erhardt

15. Birthplace Honey Creek, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Haskell D. Simmons

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Oct-26-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of informant Haskell D. Simmons

(b) Address Jefferson City, Missouri

19. (a) Oct 28-41 (b) Christina Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Rural Route #4
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route #4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25
year 1941 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Oct 17 1941 to Oct 25 1941; that I last saw him alive on Oct 25 1941; and that death occurred on the date and hour stated above.

Immediate cause of death rupture both at left months gestation

Due to probably from fall from steps

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 159
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 11/27/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

NOT

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Joseph J. Gordon*

Licensed Embalmer No. *1786*

P. O. Address *Jefferson City, 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 this body is not embalmed, fact should be so stated above.