

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 28 1947

Registration District No. **293** Primary Registration District No. **444 B**

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Huntsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mulberry Street /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Huntsville
(If outside city or town limits, write "RURAL")
(d) Street No. Mulberry Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19
year 1947 hour 12:15 P.M. minute..... M.
21. I hereby certify that I attended the deceased from
Oct - 1 1945 to Nov 19 1947
that I last saw him alive on Nov 19 1947
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Thrombosis
Due to arterio sclerosis
Due to.....
Other conditions Fibrosis of Lung
(Include pregnancy within 3 months of death)

Duration

6 Hour

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....
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?

(Specify type of place)
While at work?..... (c) Means of injury.....
23. Signature Dr. Dreyer (M. D. or other kind)
Address Huntsville Mo Date signed 11/20/47

3. (a) PRINT FULL NAME Horace B. Simms

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Florence Warring Simms 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased February 6 1875
(Month) (Day) (Year)

8. AGE: 72 Years 9 Months 13 Days
If less than one day hr. min.

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

10. Usual occupation retired automobile salesman

11. Industry or business.....

12. Name Thomas Simms

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

14. Maiden name Nancy Fray

15. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bettie Bagby

(b) Address Huntsville, Missouri

17. (a) burial (b) Date thereof 11/21/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo

19. (a) 11-22-1947 (b) Mrs. D.A. Barnhart
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

88
1
0
0

RECEIVED
District Health Officer No. 1
District File Number 11-47-161
Date Filed NOV 25 1947

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.....

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

Signed..... *Tom B. Patton*

Licensed Embalmer No. *3914*

P. O. Address. *Huntsville, Ala.*

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.