

FILED JUL 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20291

State File No.

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5779 Registrar's No. 215

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER MO</u>	
b. CITY OR TOWN <u>RURAL - FRANKLIN</u>		c. CITY OR TOWN <u>RURAL - FRANKLIN</u>	
c. LENGTH OF STAY (in this place) <u>50 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi EAST - ELDON - MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1 1/2 mi East - Eldon</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MAyme -</u>	b. (Middle) <u>ELLEN</u>	c. (Last) <u>SimmS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 27 1949</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed -</u>	8. DATE OF BIRTH <u>11 Nov. 1860</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>16</u>	IF UNDER 48 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE-WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>	11. BIRTHPLACE (State or foreign country) <u>CHAMPAGAIN - ILL</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>CHARLES - L - VIEREGG</u>	13b. MOTHER'S MAIDEN NAME <u>HARLETT - GREEN</u>	14. NAME OF HUSBAND OR WIFE <u>Geo. Simms</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Adwin - HANCOCK - ELDON MO</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteria Sclerosis</u> DUE TO (c) _____		<u>10 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		<u>331X</u>	

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>
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22. I hereby certify that I attended the deceased from May 20 1926 to June 26 1949, that I last saw the deceased alive on June 26, 1949, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. F. B. Kottesser D.O.</u>	23b. ADDRESS <u>ELDON MO.</u>	23c. DATE SIGNED <u>28 June 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>29 June 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VERSAILLES - Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>VERSAILLES - MO</u>
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DATE REC'D BY LOCAL REG. <u>June 29 49</u>	REGISTRAR'S SIGNATURE <u>Oliveretta Walters</u>	192	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Keith McKay ELDON MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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~~District File Number~~
RECEIVED JUL 6 1919
District Health Officer No. 9,

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
Student Embalmer

Signed *Keith McKay*
Licensed Embalmer No. *3958*

P. O. Address *Eldon 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.