

FILED DEC 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40504

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4094 Registrar's No. 194

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Freeman Mo</u> b. COUNTY <u>Cass</u> 19	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Freeman Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Freeman Mo</u> 10	
c. LENGTH OF STAY (In this place) <u>6 years</u>		d. STREET ADDRESS (If rural, give location) <u>with Mrs C.S. Nelson</u> ✓	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>SIMMONS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 6-1949</u>	
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>Sept. 28-1866</u>
9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
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>House Keeping</u>	11. BIRTHPLACE (State or foreign country) <u>Freeman Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Hector L. Nelson</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Peyton</u>	14. NAME OF HUSBAND OR WIFE <u>Alex Simmons</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. C.S. Nelson Freeman Mo</u>	
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, ashenia, 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>CARCINOMA of Large Intestine</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>And Senility</u> DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>153X</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>46</u> , to <u>Dec. 5</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov. 20</u> , 19 <u>49</u> , and that death occurred at <u>2:15 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul H. Green D.O.</u>		23b. ADDRESS <u>Harrisonville, Mo</u>	23c. DATE SIGNED <u>12-8-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 7-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Freeman Mo.</u>
DATE REC'D BY LOCAL REG. <u>Dec 7-49</u>	REGISTRAR'S SIGNATURE <u>Lama J. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. E. Myers - Cleveland Mo</u>	

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

DEC 22 1943

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.....

*Geo. E. Myers*

Licensed Embalmer No. *2577*

P. O. Address *Cleveland 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.