

FILED MAR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8164

State File No.

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5370 Registrar's No. 91

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| 1. PLACE OF DEATH a. COUNTY <u>Daviess</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Union Township</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Liberty Township</u> <u>0310</u> | |
| c. LENGTH OF STAY (in this place) <u>5 1/2 Months</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Daviess Co. Convalescent Home</u> | | d. STREET ADDRESS (If rural, give location) <u>4 Miles N.W. Gallatin, Mo.</u> | |

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| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>Alice</u> | b. (Middle) <u>Pricilla</u> | c. (Last) <u>Simons</u> | (Month) <u>March</u> | (Day) <u>14</u> | (Year) <u>1950</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>Oct. 9 1864</u> | 9. AGE (In years last birthday) <u>85</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>---</u> | 11. BIRTHPLACE (State or foreign country) <u>Cincinnati Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>James Jackson</u> | 13b. MOTHER'S MAIDEN NAME <u>Jane Gale</u> | 14. NAME OF HUSBAND OR WIFE <u>John Simons</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>---</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Don Davidson 1135 46th Street Des Moines Ia.</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, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Vascular renal disease</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, chronic Nephritis</u> | | |
| | DUE TO (c) | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

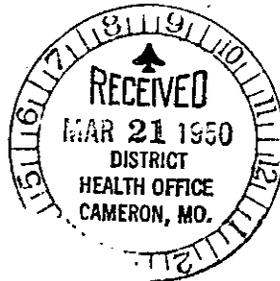
22. I hereby certify that I attended the deceased from Jan, 1950, to Mar 14, 1950, that I last saw the deceased alive on Mar 14, 1950, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>H. W. Taylor Jr.</u> (Degree or title) | 23b. ADDRESS <u>Gallatin Mo.</u> | 23c. DATE SIGNED <u>3/15/50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>3-15-1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lamar, Missouri</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u> | | |

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| DATE REC'D BY LOCAL REG. <u>21 March 1950</u> | REGISTRAR'S SIGNATURE <u>Virginia M. Engelman</u> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Hope Funeral Home, Gallatin, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

L. O. Fishman

Licensed Embalmer No.

3302

P. O. Address

Gallatin, 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.