

FILED OCT 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31392

State File No.

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 238

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>420 So Clark</u>		d. STREET ADDRESS (If rural, give location) <u>420 So Clark</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u> b. (Middle) <u>E.</u> c. (Last) <u>Simmott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 27 1950</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept 2nd 1880</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>70 0 25</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Machinist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (State or foreign country) <u>Mexico Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Daniel Simmott</u>	13b. MOTHER'S MAIDEN NAME <u>Johanna F Sheahan</u>	14. NAME OF HUSBAND OR WIFE _____
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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) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. M.L. Moyrissey</u>	ADDRESS <u>Moberly 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarct</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Insufficiency</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>WIOX</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Sept 27 1950 9:30 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Jan 1948, to Sept 27 1950, that I last saw the deceased alive on Sept 27 1950, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. O. Mickel, M.D.</u> (Degree or title)	23b. ADDRESS <u>Moberly Mo</u>	23c. DATE SIGNED <u>Sept 28 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 29 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Mary's</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-29-50</u>	REGISTRAR'S SIGNATURE <u>Cecil William Power</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahon and Son</u>	ADDRESS <u>Moberly Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: **OCT 2** 19
DISTRICT HEALTH OFFICE
District File No. *10-50-1*
Date Filed: **OCT 3** 19

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 *Frank D. D. Helt*

Licensed Embalmer No. *3021* 4

P. O. Address *Moberly 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.