

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 27 1950

4565 State File No. 40197

BIRTH NO. _____ REG. DIST. NO. 87 PRIMARY REG. DIST. NO. 4565 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY OR TOWN Sullivan Boone		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sullivan Boone	
c. LENGTH OF STAY (Specify place) Life		d. STREET ADDRESS (If rural, give location) 409 So. Park.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 409 So. Park			

3. NAME OF DECEASED (Type or Print)	a. (First) Rozettie	b. (Middle) Immekus	c. (Last) Simmons	4. DATE OF DEATH (Month) (Day) (Year)
				Dec 4 1950

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 1, 1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR 1 Months	IF UNDER 24 HRS. 3 Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Washington County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Mark Immekus	13b. MOTHER'S MAIDEN NAME Elizabeth West	14. NAME OF HUSBAND OR WIFE John E. Simmons
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida Brown, Ontario, Canada.	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Ovary		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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)	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12-1**, 19**49**, to **12/4**, 19**50**, that I last saw the deceased alive on **Dec 4, 1950** and that death occurred at **12:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ida Brown	23b. ADDRESS Sullivan, Mo.	23c. DATE SIGNED 12/5/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 6, 1950	24c. NAME OF CEMETERY OR CREMATORY I.C.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Sullivan, Missouri
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DATE REC'D BY LOCAL REG. 12-5-50	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE Edon J. Hoff	ADDRESS Sullivan
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 16 1950

RECEIVED

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.

Signed _____

J. A. Humphrey

Signed _____

Student Embalmer

Licensed Embalmer No. 4772

P. O. Address _____

Sullivan, Md.

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.