

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34478**

DATE NOV 5 1951 REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 4363 Registrar's No. 24

730

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

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairview	c. LENGTH OF STAY (in this place) 4 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairview	d. STREET ADDRESS (If rural, give location) 1739 0
d. FULL NAME OF HOSPITAL OR INSTITUTION At home			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Loren	b. (Middle) Fenton	c. (Last) Simmons	Month October	Day 23	Year 51

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 14 1874	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 9	IF UNDER 5 MIN. Hours 9	Min. 51
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY farmer		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Geo. Simmons		13b. MOTHER'S MAIDEN NAME Lavina Hewitt		14. NAME OF HUSBAND OR WIFE Effie Simmons (Deceased)			
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Loyd Simmons Fairview, Mo.				ADDRESS Mo.	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis						INTERVAL BETWEEN ONSET AND DEATH	
	MEDICAL CERTIFICATION							
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
	DUE TO (b) _____							
	DUE TO (c) _____							
	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 4-201				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 **May 1, 1951, to 10-23, 1951**, that I last saw the deceased alive on **10-15, 1951**, and that death occurred at **7:45A m.**, from the causes and on the date stated above.

23a. SIGNATURE A. Reynolds M.D.		23b. ADDRESS Neosho Mo.		23c. DATE SIGNED 10-26-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-26-51	24c. NAME OF CEMETERY OR CREMATORY Muncie Chapel Cem.	24d. LOCATION (City, town, or county) (State) Fairview, Mo. R#:		
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DATE REC'D BY LOCAL REG. 10-27-1951	REGISTRAR'S SIGNATURE Alpha Dyer 369		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Morris Jones			ADDRESS Wheaton Mo.	
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RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 1051-341

Date Filed OCT 30 1951

NEOSHO, MISSOURI

DEC 29 1952

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed James Kenneth Shuea
Licensed Embalmer No. 4747
P. O. Address Whiston, 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.