

FILED OCT 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34590

34590

BIRTH NO.		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 178	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township) Rolla		c. LENGTH OF STAY (In this place) 3 WK.		c. CITY (If outside corporate limits, write RURAL and give township) Rural-Cold Spring twp. 08/0			
d. FULL NAME OF HOSPITAL OR INSTITUTION: Phelps County Mem. Hospital				d. STREET ADDRESS (If rural, give location) Highway 72 Hobson Star Rt.			
3. NAME OF DECEASED (Type or Print) a. (First) CLARA		b. (Middle) MARIE		c. (Last) SIMMONS		4. DATE OF DEATH (Month) (Day) (Year) Oct. 5, 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 26, 1906	
				9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS/OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pittsburg, Pennsylvania /		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Edwin L. Alston			13b. MOTHER'S MAIDEN NAME Anna M. Evans			14. NAME OF HUSBAND OR WIFE Milton M. Simmons	
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. Lost		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Milton M. Simmons Hobson Rt. Rolla Mo			
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.		MEDICAL CERTIFICATION					
		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple thrombi in liver, kidneys & lungs					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ball thrombus right ventricle DUE TO (c) ?					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic Heart Disease					
		INTERVAL BETWEEN ONSET AND DEATH 3-4 wks Unknown 30 yrs					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/6X				20. AUTOBIOGRAPHY? YES <input checked="" type="checkbox"/> NO <input 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)		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 Sept 14, 1951, to Oct 5, 1951, that I last saw the deceased alive on Oct 5, 1951, and that death occurred at 2:10 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James M. Myers M.D.				23b. ADDRESS Rolla Mo		23c. DATE SIGNED 10-8/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 6, 1951		24c. NAME OF CEMETERY OR CREMATORY Uniondale Cemetery		24d. LOCATION (City, town, or county) (State) Pittsburg, Pennsylvania	
DATE REC'D BY LOCAL REG. Oct 8, 1951		REGISTRAR'S SIGNATURE Nadine L. Stoll 380		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul E. Null Rolla, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 30 1961

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.

Student Embalmer No.....

Signed..... *Paul E. Zull*

Signed.....  
Student Embalmer

Licensed Embalmer No..... *4498*

P. O. Address..... *Rolla, 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.