

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40562

State File No.

FILED JAN 8 1952

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 949

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Yarrow</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stickler Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Gracia</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Simler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 26, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 27, 1896</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Adair County, Mo.</u>	12. COUNTRY OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Harvey Waddill</u>	13b. MOTHER'S MAIDEN NAME <u>Evelyn Hunsaker</u>	14. NAME OF HUSBAND OR WIFE <u>Arthur H. Simler</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)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arthur H. Simler</u>	ADDRESS <u>Yarrow, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock - Contusion</u>	DUE TO (b) <u>large bowel splenic flexure</u>	<u>3 days</u>
	II. OTHER SIGNIFICANT CONDITIONS	DUE TO (c) <u>Neuro. circulatory collapse</u>	<u>2 hr</u>
	Conditions contributing to the death but not related to the disease or condition causing death.	<u>Injury ribs 7-8-9 left</u>	<u>3 days</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)	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? <u>124</u>
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22. I hereby certify that I attended the deceased from Dec 23, 1951 to Dec 26, 1951, that I last saw the deceased alive on Dec. 26, 1951, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. O. Stickler M.D.</u>	23b. ADDRESS <u>Kirksville, Missouri</u>	23c. DATE SIGNED <u>Dec 27-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/29/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Temple</u>	24d. LOCATION (City, town, or county) (State) <u>Adair County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-29-51</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>Paul H. Taylor</u>	ADDRESS <u>Kirksville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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7504 B. 1

Date Received: **JAN 2 1952**
DISTRICT HEALTH OFFICE #2
District File Number *1-52-234*
Date Filed: **JAN 5 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed..... *Irwin B. Cooper*
Licensed Embalmer No. *4119*

P. O. Address..... *Kirksville, Missouri*

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.