

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5468

State File No. _____

FILED FEB 20 1952

REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 69

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN <u>Joplin</u>		c. CITY OR TOWN <u>Joplin Mo. 0495</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>919 Jackson. 0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>L.</u> b. (Middle) <u>B.</u> c. (Last) <u>Simmons.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 7 1952</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED.</u>	8. DATE OF BIRTH <u>8-18-1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) <u>Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>David Simmons</u>		13b. MOTHER'S MAIDEN NAME <u>Mary (Unknown)</u>	
14. NAME OF HUSBAND OR WIFE <u>Flora Lee Simmons</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bernie Simmons, Columbus, Ks.</u>	
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. _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u> 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 <u>334X</u>	
20. AUTOPSY? YES <input 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) m.		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 <u>1-20</u> , 19 <u>52</u> to <u>2-7</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-6</u> , 19 <u>52</u> , and that death occurred at <u>7:28 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Thomas H. Hamilton</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>E. H. HAMILTON, M. D., Frisco Bldg., Joplin, Mo.</u>	
23c. DATE SIGNED <u>2-9-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Feb-10-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Columbus Kansas</u>	
DATE REC'D BY LOCAL REG. <u>2-11-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 138	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature]</u>			

RECEIVED 2-18-52
Jasper County Health Office

52/2/133

County File Number

Date Filed 2-18-52

W. M. Jones

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.....
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.