

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28927**

FILED SEP 6-1952  
BIRTH NO. **53069** REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3050** Registrar's No. **67**

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

1. PLACE OF DEATH a. COUNTY <b>Pennscoot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>mo</b> b. COUNTY <b>Pennscoot</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cville</b>	
c. LENGTH OF STAY (In this place) <b>30 days</b>		d. STREET ADDRESS (If rural, give location) <b>1313 Shady Lane</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Peggy</b>	b. (Middle) <b>Ann</b>	c. (Last) <b>Simmons</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>30th Aug 52</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never</b>	8. DATE OF BIRTH <b>7 May 1922</b>	9. AGE (In years last birthday) <b>30</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 2 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>1313 Shady Lane Cville mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>R.T. King</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Simon</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mary L. Simmons</b>	ADDRESS <b>1313 Shady Lane Cville mo</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Colitis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>none</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>malnutrition</b>		

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>none</b>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Carrollersville Pennscoot mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fall</b>
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22. I hereby certify that I attended the deceased from **8-28 1952** to **8-30 1952**, that I last saw the deceased alive on **8-29 1952**, and that death occurred at **8:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>O.W. Cook M.D.</b>	(Degree or title)	23b. ADDRESS <b>Carrollersville, mo</b>	23c. DATE SIGNED <b>8-30-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>31 August 52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Morgan's Ridge Cemetery Carrollersville mo</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>8-1-1952</b>	REGISTRAR'S SIGNATURE <b>Jessie B. Wilke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Phyllis B. Woods</b>	ADDRESS <b>Cville mo.</b>
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9-259-52

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

SEP 4 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 Philip B. Wood

Licensed Embalmer No. 4833

P. O. Address Caruthersville, 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.