

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32667**

No. 300
10-48

BIRTH NO. **134** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3059** Registrar's No. **284**

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| 1. PLACE OF DEATH a. COUNTY ST. FRANCIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCIS | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE 0941 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL | | d. STREET ADDRESS (If rural, give location) TWIN ST | |

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| 3. NAME OF DECEASED (Type or Print) MELISSA | a. (First) | b. (Middle) | c. (Last) SIMMONS | 4. DATE OF DEATH SEPT 10 1952 |
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| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH FEB. 19, 1883 | 9. AGE (In years last birthday) 69 | 10. UNDER 1 YEAR 6 | 11. UNDER 24 HRS. 21 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK | 10b. KIND OF BUSINESS OR INDUSTRY ✓ | 11. BIRTHPLACE (State or foreign country) WASHINGTON Co. Mo | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME WILLIAM LAND | 13b. MOTHER'S MAIDEN NAME CARTER | 14. NAME OF HUSBAND OR WIFE FRED SIMMONS |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME CLARK SIMMONS | ADDRESS BONNE TERRE 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 1 day |
| | ANTECEDENT CAUSES DUE TO (b) Hypertension <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 33ix | 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) | 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 **Sept. 9, 1952**, to **Sept. 10, 1952**, that I last saw the deceased alive on **Sept. 10, 1952**, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE Van W. Taylor (Degree or title) Van W. Taylor, M.D. | 23b. ADDRESS Bonne Terre, Mo | 23c. DATE SIGNED 9-12-52 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE SEPT. 12, 1952 | 24c. NAME OF CEMETERY OR CREMATORY BONNE TERRE | 24d. LOCATION (City, town, or county) (State) BONNE TERRE Mo |
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| DATE REC'D BY LOCAL REG. Sept. 12, 1952 | REGISTRAR'S SIGNATURE Cather Rustoff | 25. FUNERAL DIRECTOR'S SIGNATURE Clarence Hildebrand | ADDRESS Bonne Terre Mo |
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 1
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

Clarence J. Claywell

Licensed Embalmer No. *3906*

P. O. Address *Bonnet Ave. M.*

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.