

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16206

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 136	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Pettis		b. CITY (If outside corporate limits, write RURAL and give town or township) Sedalia		a. STATE Missouri		b. COUNTY Pettis	
c. LENGTH OF STAY (in this place) 46 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia Rural Elkfork		d. STREET ADDRESS (If rural, give location) 9 miles west on 16 th St Road			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) August		b. (Middle) SIMON		c. (Last)		May 15 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov-30-1869	9. AGE (In years last birthday) 85	10. MONTHS	11. YEARS	12. IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Bildstock Germany		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Jost Simon		13b. MOTHER'S MAIDEN NAME Ottilia Nichols		14. NAME OF HUSBAND OR WIFE Josephine Simon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mary Simon		ADDRESS R.F.D. #3 Sedalia	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia				INTERVAL BETWEEN ONSET AND DEATH 1 week			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
Aforbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Generalized arteriosclerosis			
				DUE TO (c) Sympatric degeneration			
II. OTHER SIGNIFICANT CONDITIONS				Sympatric degeneration			
Conditions contributing to the death but not related to the disease or condition causing death.				Renal degeneration			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		45.00	
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 5 May, 1955, to 15 May, 1955, that I last saw the deceased alive on 14 May, 1955, and that death occurred at 12:25 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) Carl D. Siegel M.D.				23b. ADDRESS 1216 West 18 th St. Sedalia		23c. DATE SIGNED 15 May 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-17-55		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Sedalia Mo	
DATE REC'D BY LOCAL REG. 5-16-55		REGISTRAR'S SIGNATURE Lavonia Coontz Spatz		25. FUNERAL DIRECTOR'S SIGNATURE 251- McLaughlin Bros		ADDRESS Sedalia	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 1955

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 James R. Ashrum

Licensed Embalmer No. 4930

P. O. Address Sedalia, 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.