

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36052

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1274

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 4 years		e. STREET ADDRESS (If rural, give location) 2907 Angelique Street <i>01170</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2530 Pacific St.			

3. NAME OF DECEASED (Type or Print) a. (First) BESSIE b. (Middle) MAE c. (Last) SIMMONS			4. DATE OF DEATH (Month) (Day) (Year) Nov. 29, 1955			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 10, 1890	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Rochester, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Andrew Strong	13b. MOTHER'S MAIDEN NAME unknown Hamlin	14. NAME OF HUSBAND OR WIFE David
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lucy Miller, 2907 Angelique, St. Joseph, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema		Minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Failure DUE TO (c) Hypertensive Cardiovascular disease		years years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443X			

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)	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 11-29, 1955, to _____, 19____, that I ~~last saw~~ *last saw* the deceased ~~live on~~ *live on* _____, 19____, and that death occurred at 12:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE Richard L. Maguin M.D. assistant City Health Officer	23b. ADDRESS 1218 N. 3rd St. St. Joseph, Mo.	23c. DATE SIGNED 11-30-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12/1/1955	24c. NAME OF CEMETERY OR CREMATORY Rochester Cemetery	24d. LOCATION (City, town, or county) (State) Rochester, Missouri
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DATE REC'D BY LOCAL REG. Dec 6, 1955	REGISTRAR'S SIGNATURE Kathleen M. Allison <i>485</i>	25. FUNERAL DIRECTOR'S SIGNATURE Wheaton - Bowman St. Joseph, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed.....
Richard D. Collins

Licensed Embalmer No. *4.957*
P. O. Address.....
319 So. 10th St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.