

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1789

State File No. \_\_\_\_\_

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4263</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Novelty</u>			c. LENGTH OF STAY (In this place) <u>58 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Novelty</u>			<u>2520</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Residence</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JOHN</u>	b. (Middle) <u>CARY</u>	c. (Last) <u>SYMMONDS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 Febr. 1956</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>Mar 1, 1871</u>		9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired-Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railrd agent</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hancock County, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Isaac Symmonds</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Maybe</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Effie O. Symmonds</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Effie Symmonds</u> ADDRESS <u>Novelty, Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Infermitis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>Feb 2 1956</u> <u>to</u> <u>Feb 3 1956</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4501</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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>Feb 2</u> , 1956, to <u>Feb 3</u> , 1956, that I last saw the deceased alive on <u>Feb 2</u> , 1956, and that death occurred at <u>12:30 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. O. Holmer D.O.</u>				23b. ADDRESS <u>Novelty Mo</u>		23c. DATE SIGNED <u>Feb 7-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 8, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Novelty cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Novelty, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Feb. 11-56</u>		REGISTRAR'S SIGNATURE <u>Helle S. Hunolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. J. Ormer</u>		ADDRESS _____	

(Revised Embellisher's Statement on Reverse Side)

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

MAP 20 1956

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, ~~only~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed Mrs J. W. Harrison

Licensed Embalmer No. 2972

P. O. Address Edina 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.