

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 23 1956

State File No. **15389**

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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <b>371</b>		PRIMARY REG. DIST. NO. <b>6261</b>		Registrar's No. <b>10</b>	
1. PLACE OF DEATH a. COUNTY <b>Webster R#1</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Webster</b>			
b. CITY OR TOWN <b>Rogersville W. Benton Twp.</b>		c. LENGTH OF STAY (in this place) <b>Imp.</b>		c. CITY OR TOWN <b>Rogersville</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <b>R#1 W. Benton Twp. 1120</b>			
3. NAME OF DECEASED (Type or Print) <b>MARGARET</b>			a. (First) <b>Viola</b>		b. (Middle) <b>Simmerman</b>		c. (Last)
4. DATE OF DEATH <b>3-16-1956</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>3-3-1875</b>		9. AGE (in years last birthday) <b>81</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Webster Co, Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Joseph Criger</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>R#1</b> ADDRESS <b>Glen Simmerman, Rogersville, Mo.</b>			
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) <b>Coronary Occlusion</b> ANTECEDENT CAUSES <b>Generalized Arteriosclerosis</b> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <b>2960</b> <b>20 yr</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				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) m.		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 <b>3-</b> , 19 <b>55</b> , to <b>3-16</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>3-15</b> , 19 <b>56</b> , and that death occurred at <b>4:00 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Earl W. Russell Inc</b>				23b. ADDRESS <b>Springfield Mo</b>		23c. DATE SIGNED <b>3-22-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3-19-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>White Oak Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Rogersville Rural, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-11-56</b>		REGISTRAR'S SIGNATURE <b>Opal M. Good</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H.C. Ferrell Rogersville Mo</b>			

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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 *Wm K Terrell*.....

Licensed Embalmer No....*1911*

P. O. Address *Ragsville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.