

FILED MAY 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17047

State File No.

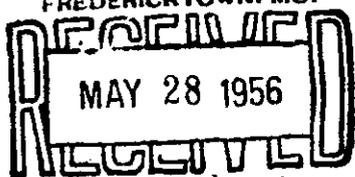
BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5750 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>			
b. CITY OR TOWN <u>RURAL - ST. FRANCIS Twp.</u>		c. LENGTH OF STAY (in this place) <u>10 YRS.</u>		c. CITY OR TOWN <u>ST. FRANCIS TOWNSHIP</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi. S.W. OF FREDERICKTOWN</u>				e. STREET ADDRESS (If rural, give location) <u>6 mi. S.W. OF FREDERICKTOWN</u>			
3. NAME OF DECEASED (Type or Print) <u>HANNAH MILAR SIMMONS</u>			a. (First) <u>HANNAH</u> b. (Middle) <u>MILAR</u> c. (Last) <u>SIMMONS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 19, 1956</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN 13, 1883</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>6</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>MADISON COUNTY, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>A.K. MOUSER</u>			13b. MOTHER'S MAIDEN NAME <u>MARTHA HOVIS</u>			14. NAME OF HUSBAND-OR-WIFE- <u>THOMAS B. SIMMONS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>THOMAS B. SIMMONS - FREDERICKTOWN, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolism</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>			
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Arterio-sclerosis</u>			
				DUE TO (c) <u>Diabetes (mellitus)</u>			
3 yrs							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>260X</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) (Min.)			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. 18, 1952</u> , to <u>5-17-</u> , 1956, that I last saw the deceased alive on <u>May 17,</u> , 1956, and that death occurred at <u>6:35 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. W. Delaney D. O. 117 West Main St.</u>				23b. ADDRESS <u>Fredricktown Mo.</u>		23c. DATE SIGNED <u>5/20/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/21/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LITTLE VINE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>MADISON Co. MO</u>	
DATE REC'D BY LOCAL REG. <u>5-21-1956</u>		REGISTRAR'S SIGNATURE <u>Alfred Bicker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Johnson</u>		ADDRESS <u>FREDERICKTOWN MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 556-20

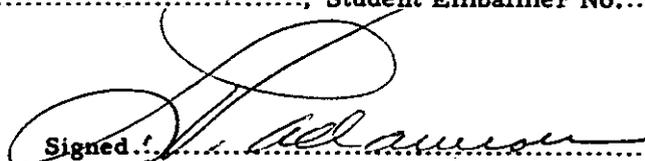
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by _____, Student Embalmer No. _____

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed:  _____
Signature of Licensed Embalmer

Licensed Embalmer No. 435

P. O. Address FREDERICKTOWN, MO.

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