

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **37532**

FILED NOV 30 1956

Registration District No. **107** Primary Registration District No. **3019** Registrar's No. **156**

1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Holcomb		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital				Length of stay in lb 1 Day		d. STREET ADDRESS Route 1 (If outside, give location)	
3. NAME OF DECEASED (Type or print) First RUBY Middle ELLEN Last SIMMS				4. DATE OF DEATH Month Nov. Day 15 Year 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 1 1918		9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months 2 Days 14 Hours Min. 	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	11. BIRTHPLACE (City and state or country) Kennett Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Tom Frederick				14. MOTHER'S MAIDEN NAME Leona Pruitt			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT Floyd Simms Address Holcomb, Mo, Rte. 1			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion						INTERVAL BETWEEN ONSET AND DEATH 30 min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) - 4201						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Nov. 15, 1956		COUNTY STATE	
21. I attended the deceased from Oct. 28, 1956 to Nov. 15, 1956 and last saw her him alive on Nov. 15, 56 Death occurred at 9:30P am on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Quinton Tarver, M.D. (Degree or title)				22b. ADDRESS Kennett, Mo.		22c. DATE SIGNED 11/19/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 18 1956	23c. NAME OF CEMETERY OR CREMATORY Nimmons Cemetery		23d. LOCATION (City, town, or county) (State) Nimmons Arkansas		
24. FUNERAL DIRECTOR Landess Funeral Home Campbell, Mo ADDRESS				25. DATE RECD. BY LOCAL REG. 11-21-1956		26. REGISTRAR'S SIGNATURE Carl Y. ...	

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT11-26-56.....
COUNTY FILE NUMBER 1156-439

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 *Christina M. Landes*.....

Licensed Embalmer No. *42*.....

P. O. Address *Campbell*.....

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.