

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3431**

FILED FEB 4 1957

BIRTH NO. _____		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 6150		Registrar's No. 27		
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Morris Twp.		c. LENGTH OF STAY (in this place) 15 yrs.		c. CITY OR TOWN Milan		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: Home 12 mi S. Green City				e. STREET ADDRESS (If rural, give location) 12 mi. S. of Green City				
3. NAME OF DECEASED (Type or Print) a. (First) Ruby			b. (Middle) Nan		c. (Last) Simmons		4. DATE OF DEATH (Month) (Day) (Year) Jan. 27, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 17, 1899		9. AGE (In years last birthday) 57	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 Farm home		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Walter F. Ray			13b. MOTHER'S MAIDEN NAME Daisy Dean		14. NAME OF HUSBAND OR WIFE George M. Simmons			
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 ADDRESS George Simmons, Milan, Mo.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 175X					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 Jan 26, 1956 , to Jan 27, 1957 , that I last saw the deceased alive on Jan 26, 1957 , and that death occurred at 7:15 P.m. , from the causes and on the date stated above.								
23a. SIGNATURE J. R. Measter			23b. ADDRESS M. D. Brown, Mo.			23c. DATE SIGNED 1/27/1957		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 30, 1957	24c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery		24d. LOCATION (City, town, or county) (State) Kirkville, Mo.			
DATE REC'D BY LOCAL REG. 1-31-57		REGISTRAR'S SIGNATURE Mrs. M. W. Beckett		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glean E. Heat & Son, Green City, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

525

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 *Karl R. Kent*.....

Licensed Embalmer No. *468*.....

P. O. Address *Green City*.....

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.