

FILED NOV 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35023

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 267

300
1-57

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FULTON</u>		c. CITY OR TOWN <u>JEFFERSON CITY</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>STATE HOSPITAL #1 MO.</u>		d. STREET ADDRESS (If outside, give location) <u>208 MARSHALL</u>	

3. NAME OF DECEASED (Type or print) First <u>OTTO</u> Middle <u>E</u> Last <u>SIMON</u>			4. DATE OF DEATH Month <u>11</u> Day <u>8</u> Year <u>57</u>			
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-12-1881</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of last year) <u>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>D.K.</u>	11. BIRTHPLACE (City and state or country) <u>IOWA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN SIMON</u>	13b. MOTHER'S MAIDEN NAME <u>ANN SIMONSON</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. OTTO E. SIMON</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>UNKNOWN</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT <u>MRS. OTTO E. SIMON</u> Address <u>208 MARSHALL JEFF. CITY, MO.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PULMONARY EMBOLUS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 WKS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) <u>NECK FRACTURE OF LEFT HIP</u>	
	DUE TO (c) <u>BRONCHOPNEUMONIA 9049</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>47</u>		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 <u>JEFF</u> COUNTY STATE
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21. I attended the deceased from <u>11-8-57</u> to _____ and last saw her alive on _____ Death occurred at <u>8:45</u> P on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>Sam L. Johnson M.D.</u> (Degree or title)	22b. ADDRESS <u>State Hospital #1</u>	22c. DATE SIGNED <u>11-8-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>11-11-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Reverence Cem. J. C. Mo.</u>	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR <u>Victor Brecher</u> ADDRESS <u>J. C. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 9-1957</u>	26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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FEB 26 1958

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 *Victor Buechler*

Licensed Embalmer No. *3701*

P. O. Address *JCM*

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.