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FILED MAR 12 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006277
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 5626 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural- Eldridge-Ts — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION Cedar-Grove-Nursing Home- — Length of stay in 1b —

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Miller
c. CITY OR TOWN Eldon — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS Eldon (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Jasper- Middle: B Last: Simons

4. DATE OF DEATH Month: March- Day: 1 Year: 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH — 1882
9. AGE (In years last birthday) 76
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) Construction
10b. KIND OF BUSINESS OR INDUSTRY High-way
11. BIRTHPLACE (City and state or country) Camden- Co- Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mike- Simons-
14. MOTHER'S MAIDEN NAME Matilda- Shipley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. —
17. INFORMANT Mike- Simons- Address Eldon- Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral vascular accident &
DUE TO (c) right hemiplegia Atherosclerotic heart disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Carcinoma of lip 420CH
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) None
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year None
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None
20f. CITY, TOWN, OR LOCATION None COUNTY STATE

21. I attended the deceased from 2-27-58, to 3-1-58 and last saw her/him alive on 3-1-58
Death occurred at 12:00 Noon on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B B Hurst (Degree or title) M.D.
22b. ADDRESS Lebanon Mo
22c. DATE SIGNED 2 March-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial-
23b. DATE 3 March-58
23c. NAME OF CEMETERY OR CREMATORY Union-
23d. LOCATION (City, town, or county) Morgan- Co- (State) Mo

24. FUNERAL DIRECTOR Keith McKays ADDRESS Eldon- Mo
25. DATE RECD. BY LOCAL REG. 3-3-1958
26. REGISTRAR'S SIGNATURE Ella L. Clay

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Keith M Kays

Licensed Embalmer No 299

P. O. Address Eldon

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.