

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010429  
STATE FILE NUMBER

FILED MAR 18 1958

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 57

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-57.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WEBB CITY</b>		c. CITY OR TOWN <b>WEBB CITY</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1130 NELSON</b>		d. STREET ADDRESS (If outside, give location) <b>1130 W. NELSON</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>SARAH ALICE COATS SIMMERS</b>		4. DATE OF DEATH Month Day Year <b>MARCH 9, 1958</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>11-21-1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>BUTLER, MISSOURI</b>
13a. FATHER'S NAME <b>JAMES ULY COATS</b>		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <b>JOHN SIMMERS</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>MRS GOLDIE IRENE ADLER, WEBB CITY, MO.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypostatic Pneumonia</b> DUE TO (b) <b>Carcinoma of stomach</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>151X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2-3 days</b> <b>undetermined</b>
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 o.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, form, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Aug. 24-1957</b> , to <b>March 9-1958</b> and last saw her alive on <b>March 9-1958</b> . Death occurred at <b>8:30 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Madelle A. Collins M.D.</b>		22b. ADDRESS <b>30 A S. Main, Webb City, Mo.</b>	
22c. DATE SIGNED <b>3-13-58.</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>3-12-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>FRIENDS CEMETARY</b>		23d. LOCATION (City, town, or county) (State) <b>PURCELL MISSOURI</b>	
24. FUNERAL DIRECTOR <b>HEDGE-LEWIS FUNERAL HOME, WEBB CITY MO</b>		25. DATE RECD. BY LOCAL REG. <b>3-13-58</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>			

County File Number 58-3-250  
Date Filed MAR 17 1958  
Health Office

MAR 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 *Richard Gray Lewis* .....

Licensed Embalmer No. *4405* .....  
P. O. Address *Wabbe 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.