

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Start File No. **58-018737**

FILED MAY 16 1958

BIRTH NO. REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **728**

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

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANSAS b. COUNTY CHEROKEE	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. LENGTH OF STAY (In this place) 2 weeks	c. CITY OR TOWN GALENA 9150
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 1019 Elm Street			

3. NAME OF DECEASED (Type or Print) a. (First) ANNA		b. (Middle)		c. (Last) SIMMONS		4. DATE OF DEATH (Month) (Day) (Year) MAY 3 1958	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 22, 1873	9. AGE (In years last birthday) 84	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Cambridge Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Marion Gilpin		13b. MOTHER'S MAIDEN NAME Leslie Chapland		14. NAME OF HUSBAND OR WIFE Charles 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 Harry Brookshire Coffeyville Kan.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Paralysis		INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cerebral Hemorrhage		2 months	
DUE TO (c) Arteriosclerosis Generalized				chronic	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Hemorrhage Gastro-Intestinal		2 months	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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)		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 **March 1948**, to **May 3, 1958**, that I last saw the deceased alive on **May 3, 1958**, and that death occurred at **2:15 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul H. Grubb M.D.		23b. ADDRESS Galena Kansas		23c. DATE SIGNED 5/5/58	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-5-1958		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) Galena Kansas	
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DATE REC'D BY LOCAL REG. 5-5-58		REGISTRAR'S SIGNATURE Dove Merriam		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Roy L. Derfelt Galena Kansas	
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County File Number 58-5-497
Date Filed MAY 13 1957

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, ~~co-by~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Roy L. Derfelt*

Licensed Embalmer No. 4945

P. O. Address Galena, Pa.

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.