

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035341
State File No.

FILED NOV 3 1958

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 332

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

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (In this place) 3 days	c. CITY OR TOWN Novelty
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital		STREET ADDRESS 0520 (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) EFFIE b. (Middle) ORIE c. (Last) SYMMONDS		4. DATE OF DEATH (Month) (Day) (Year) oct 22, 1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH Feb: 9, 1880
9. AGE (In years last birthday) 78		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) Homekeeper		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Knox County 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James David Doyle		13b. MOTHER'S MAIDEN NAME Erva Howerton	
14. NAME OF HUSBAND OR WIFE John Cary Symmonds			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Myrl H. Snyder		ADDRESS Baring, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES DUE TO (b) Coronary thrombosis DUE TO (c) Arteriosclerosis of coronary vessels II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lober pneumonia	
INTERVAL BETWEEN ONSET AND DEATH 20 min unknown unknown 2 weeks			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
20. AUTOPSY? 2 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) (Minute)		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 Oct. 20, 1958 , to Oct. 22, 1958 , that I last saw the deceased alive on Oct. 22, 1958 , and that death occurred at 11:17 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE Jacob [Signature]		23b. ADDRESS Kirksville, Mo.	
23c. DATE SIGNED 10-23-58			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 26 Oct '58	
24c. NAME OF CEMETERY OR CREMATORY Novelty Cemetery		24d. LOCATION (City, town, or county) (State) Novelty, Missouri	
DATE REC'D BY LOCAL REG. 10-25-58		REGISTRAR'S SIGNATURE Doris W. Ratliff	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS [Address]	

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..... *A. G. R. [Signature]*

Licensed Embalmer No. 5-0

P. O. Address *Edin*

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.