

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016556

STATE FILE NUMBER

FILED MAY 5 1959 Registration District No. 360 Primary Registration District No. 6224 Registrar's No. 105

300
1-57

Health,
Welfare
Public
Service

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Nevada</u> 10 80 0 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pt. # 3</u>		d. STREET ADDRESS (If outside, give location) <u>Pt. # 3</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Bertice</u> First <u>BERTIES</u> Middle <u>SIMMONS</u> Last		4. DATE OF DEATH Month Day Year <u>April 27, 1959</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 18, 1872</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		9b. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. Last birthday Months Days Hours Min. <u>86</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (City and state or country) <u>Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Dr. John Wesley Simmons</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth B. Collins</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Guardian</u>		Address <u>Nevada, Missouri</u>	
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>Myocardial Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last, DUE TO (b) <u>Myocardial Arteriosclerosis</u> DUE TO (c) <u>Senile Arteriosclerotic Changes</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b)			INTERVAL BETWEEN ONSET AND DEATH <u>17 months</u> <u>years</u>
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 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		COUNTY	STATE
21. I attended the deceased from <u>8/19/58</u> to <u>April 27/59</u> and last saw her alive on <u>April 27, 1959</u> Death occurred at <u>8:00 A.M.</u> m of the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H. R. Easton</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>Franklin, Mo</u>	
22c. DATE SIGNED <u>April 27/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>April 29, 1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Benton Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Benton Kansas</u>	
24. FUNERAL DIRECTOR <u>Temp Funeral Home, Nevada, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-2-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>			

(Licensed Embalmer's Statement on Reverse Side)

MAY 13 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 *L. Eugene Perry*

Licensed Embalmer No. *4960*

P. O. Address *Newada, Md.*

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.