

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017052

STATE FILE NUMBER

FILED JUN 15 1959

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 30

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>CEDAR</u>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>CEDAR</u>                    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>ELDORADO SPGS</u>  |                                  | c. CITY OR TOWN <u>ELDORADO SPGS</u>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>HOMER</u>  |                                  | d. STREET ADDRESS (If outside, give location)<br><u>121 W. WALNUT</u>   |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><u>LILLIE V. SIMRELL</u>  |                                  | 4. DATE OF DEATH<br>Month Day Year<br><u>6-5-59</u>   |  |
| 5. SEX<br><u>FEMALE</u>  | 6. COLOR OR RACE<br><u>WHITE</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>6-12-1901</u>                               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>HOUSEWIFE</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><u>ASH GROVE MO</u>  |
| 13a. FATHER'S NAME<br><u>JOE COLLINS</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>LETHA MITCHELL</u>  | 14. NAME OF HUSBAND OR WIFE<br><u>DECEASED</u>                     |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)   |                                  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br>Address<br><u>PICK SIMRELL ELDORADO SPGS MO</u>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary occlusion</u><br>DUE TO (b) <u>arteriosclerosis heart</u><br>DUE TO (c) <u>disease</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>sudden</u><br><u>1 year</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<br>Hour .Month, Day, Year<br>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>6-5-59</u> to <u>6-5-59</u> and last saw her <sup>her</sup> <sub>been</sub> alive on <u>6-5-59</u><br>Death occurred at <u>6</u> <u>P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |  |
| 22a. SIGNATURE<br><u>[Signature]</u> (Degree or title)   |                                  | 22b. ADDRESS<br><u>El Dorado Spgs</u>   |  |
|  |                                  | 22c. DATE SIGNED<br><u>6-9-59</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>   |                                  | 23b. DATE<br><u>6-10-59</u>   |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><u>SIMRELL</u>   |                                  | 23d. LOCATION (City, town, or county) (State)<br><u>CEDAR CO MO</u>   |  |
| 24. FUNERAL DIRECTOR<br><u>NAFUS-ELDORADO SPGS</u>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>6-9-59</u>   |  |
|  |                                  | 26. REGISTRAR'S SIGNATURE<br><u>[Signature]</u>   |  |

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

JUN 17 1959

JUL 1 1959 SA

JUN 30 1959

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 *George W. Majors* .....

Licensed Embalmer No. *2752* .....

P. O. Address *Elson Co. Mo.* .....

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.