URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH
FILED VS JAN 25 1960

60-000680
STATE FILE NUMBER

ENDED

Registration District No. 64 Primary Registration District No. 4110 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Salisbury
Length of stay in 1b: 1½yrs approx
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give location): 603 East 2nd St. Salisbury
Inside Limits: Yes ☐ No ☐ X

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Chariton
c. CITY OR TOWN: Salisbury
Inside Limits: Yes ☐ No ☐ X
d. STREET ADDRESS (If outside, give location): 603 East 2nd St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ara Middle: Beulah Last: Simmons
4. DATE OF DEATH: Month: Jan. Day: 20 Year: 1960
5. SEX: Fe.
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12/3/1889
9. AGE (last birthday): 70 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (City and state or country): Salisbury, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James Franklin Mott
13b. MOTHER'S MAIDEN NAME: Louvenia Ludusky Todd
14. NAME OF HUSBAND OR WIFE: Calvin Theodore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 494-12-2338
17. INFORMANT: D Mrs. Earl McSparren, Address: Bynumville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebro-vascular accident.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Carcinomatosis.
DUE TO (c): Carcinoma of cervix.
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 7-23-58, to 1-20-60 and last saw her alive on 1-20-60
Death occurred at 6 15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Donald C Pressley DO
22b. ADDRESS: Salisbury, Mo.
22c. DATE SIGNED: 1-21-60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 1/22/60
23c. NAME OF CEMETERY OR CREMATORY: Salisbury City Cem.
23d. LOCATION (City, town, or county) (State): Salisbury, Missouri

24. FUNERAL DIRECTOR ADDRESS: Chas. B.Winkelmeyer, Salisbury, Mo.
25. DATE RECD. BY LOCAL REG.: 1-21-60
26. REGISTRAR'S SIGNATURE: G W Hawkins

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Chas B Winkelme

Signature of Student Embalmer

Licensed Embalmer No. 38442

P. O. Address Salisbury

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.