

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035821

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1294

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 30 1963

VS 300 Rev. 4/59

1 0397

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY Greene
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in 1b _____
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
 a. STATE Mo. b. COUNTY Lawrence
 c. CITY OR TOWN Stotts City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Maudie May Simmons 9-27-1963
 5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 11-3-1886 9. AGE (last birthday) 76 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) house wife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) Rogers Ark. 12. CITIZEN OF WHAT COUNTRY USA
 13a. FATHER'S NAME Walter Snearvinger 13b. MOTHER'S MAIDEN NAME Rebecca Mann 14. NAME OF HUSBAND OR WIFE Deceased
 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. _____ 17. INFORMANT Tern Chatterton Address 1236 E Whiteside Springfield Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Overwhelming Sepsisemia
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Septic embolus left hip
-DUE TO (c) Arteriosclerotic heart disease
 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 _____ to _____ and last saw her/him alive on _____
 Death occurred at 9:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William D. Sneed MD 22b. ADDRESS 307 Red Bluff 22c. DATE SIGNED 23 Sept 63
 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9-24-1963 23c. NAME OF CEMETERY OR CREMATORY Union 23d. LOCATION (City, town, or county) (State) So. of Stotts City Mo.
 24. FUNERAL DIRECTOR Morris Seimon Miller Mo. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 9-26-63 26. REGISTRAR'S SIGNATURE Bernie Reddy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

12-21-63

251

Q-21-63

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 E. R. Seiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.