

FILED APR 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **98720**

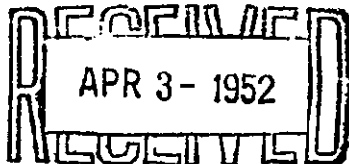
BIRTH NO. 134		REG. DIST. NO. 206		PRIMARY REG. DIST. NO. 5751		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY Madison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Madison			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - St. Michael		c. LENGTH OF STAY (in this place) 6 mos.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - St. Michael 1620			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 mi. S.W. of Fredericktown				d. STREET ADDRESS (If rural, give location) 4 mi. S.W. of Fredericktown			
3. NAME OF DECEASED (Type or Print) a. (First) Sadie		b. (Middle) Jane		c. (Last) Simmons		4. DATE OF DEATH (Month) (Day) (Year) March 17, 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH February 20, 1870	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 0 Days 29		IF UNDER 24 HRS. 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		11. BIRTHPLACE (State or foreign country) Madison County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME James Francis		13b. MOTHER'S MAIDEN NAME Frances Ellen Young		14. NAME OF HUSBAND OR WIFE Sylvester Simmons (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Della Clubb - Mill Creek, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic PNEUMONIA ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CEREBRAL EMBOLUS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 DAYS 12 DAYS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X				20. AUTOPSY? YES ☐ NO ☒	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from MAR 6 , 1952, to MAR 17 , 1952, that I last saw the deceased alive on MAR 17 , 1952, and that death occurred at 11:45 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Robert J. Zalta, M.D.		(Degree or title) M.D.		23b. ADDRESS 117 W. Main St. Fredericktown, Missouri		23c. DATE SIGNED MAR 17, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3/20/52		24c. NAME OF CEMETERY OR CREMATORY Christian Cemetery		24d. LOCATION (City, town, or county) (State) Madison County, Mo.	
DATE REC'D BY LOCAL REG. 3-28-1952		REGISTRAR'S SIGNATURE Florence H. Hickey		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS V. Adamson - Fredericktown, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

EMERSON COUNTY, IOWA

FREDERICKTOWN, MO.



FILE No. 72-2-18

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 _____
Student Embalmer

Signed Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Fredricktown, 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 this body is not embalmed, fact should be so stated above.