S. No. 300
V. 10.48

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

FILED APR 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9022

BIRTH NO. 184 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5751 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- St Michaels
c. LENGTH OF STAY (in this place): 6 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 mi. S.W. of Fredericktown

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):
a. STATE: Missouri
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- St Michael 0620
d. STREET ADDRESS (If rural, give location): 4 mi. S.W. of Fredericktown

3. NAME OF DECEASED (Type or Print): a. (First) Susie b. (Middle) Jane c. (Last) Simmons

4. DATE OF DEATH: (Month) March (Day) 17, (Year) 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: 27 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during great 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) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Della Clubb - Mill Creek, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 DAYS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Embolus — 12 DAYS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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) m.:
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 (Degree or title): Robert L. Dalton, D.O
23b. ADDRESS: 117 W. Main St. Fredricktown, Missouri
23c. DATE SIGNED: MAR 17, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
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 Hicks
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: V. Adamson - Fredericktown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

[illegible] Dept.
FREDERICKTOWN, MO.

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APR 3 - 1952
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FILE No. 42-2-18

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 Fredericktown, 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.