

FILED SEP 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32343

State File No. 4353

BIRTH NO. _____		REG. DIST. NO. 2240219		PRIMARY REG. DIST. NO. 5792		Registrar's No. 63		
1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksburg, Mo Harrison-30 Yrs</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksburg, Mo Harrison</u>				
c. LENGTH OF STAY (In this place)				d. STREET ADDRESS (If rural, give location)				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clarksburg, Mo</u>				<u>0610</u>				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Sarah</u>	b. (Middle) <u>Martha</u>	c. (Last) <u>Simmers</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9/8/52</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 12 1874</u>		9. AGE (In years if under 1 year last birthday) Months Days <u>78</u> <u>0</u> <u>27</u>		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>James Wall s</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Phillips</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Levole Parks Latham, Mo</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) <u>Clarksburg Moniteau MO</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Sept. 5, 1952</u> , to <u>Sept 8, 1952</u> , that I last saw the deceased alive on <u>Sept 8, 1952</u> , and that death occurred at <u>11/30 p.m.</u> from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Deceased or title)				23b. ADDRESS <u>California</u>		23c. DATE SIGNED <u>9/11/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 11, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksburg, Mo</u>		
DATE REC'D BY LOCAL REG. <u>9-11-52</u>		REGISTRAR'S SIGNATURE <u>H R Popejoy 207</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank Bowlin, California, Mo</u>				

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

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

Earl R. Dombin

Licensed Embalmer No. *2126*

P. O. Address *California*

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.