

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

State File No. 19774

Registration District No. 863 Primary Registration District No. 6143

Registrar's No.

1. PLACE OF DEATH: TEXAS  
 (a) County SIMMONS  
 (b) City or town SIMMONS  
 (c) Name of hospital or institution:  
 (d) Length of stay: In hospital or institution  
 In this community ALL OF LIFE

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO (b) County TEXAS  
 (c) City or town SIMMONS  
 (d) Street No.  
 (e) If foreign born, how long in U. S. A.?

3. (a) Name of decedent JACKSON SIMMONS

8. (b) If veteran, name war. (c) Social Security Old Age Assistance

4. Sex M 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife J. A. SIMMONS  
 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased NOV 4 1864

8. AGE: Years 75 Months 5 Days 19  
 If less than one day hr. min.

9. Birthplace TEXAS Co MO

10. Usual occupation RETIRED TEACHER

11. Industry or business

12. Name W. H. SIMMONS

13. Birthplace TENN

14. Maiden name BETTY MC CRACKEN

15. Birthplace TENN

16. (a) Informant's own signature Claud Simmons  
 (b) Address Pacific MO

17. (a) Burial (b) Date thereof 5/24/40  
 (c) Place: burial or cremation Union

18. (a) Signature of funeral director Gaylord U. Elliott  
 (b) Address Cabool, Mo.  
 19. (a) May 28-1940 (b) Madron McMillian

20. DATE OF DEATH: Month May day 23  
 year 1940 hour 5:30 P.M.

21. I hereby certify that I attended the deceased from May 23 1940 to May 23 1940  
 that I last saw him alive on May 23 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
 Due to Coronary occlusion  
 Due to Hypertension  
 Due to Benign Prostatic Hypertrophy  
 Other conditions Diabetes

Major findings: Of operations  
 Of autopsy  
 PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify)  
 (b) Date of occurrence  
 (c) Where did injury occur?  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature W. H. Simmons M.D.  
 Address Houston Date signed 5-24-40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of OCCUPATION is very important.

**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.....

....., Registered Apprentice No.....

**RECEIVED**

working under my personal supervision.

District Health Officer No. 5,

District File Number 640 626

Date Filed 66 40

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**