

FILED AUG 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

26188

BIRTH NO. 40028-49 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 933

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo.		c. LENGTH OF STAY (In this place) 4 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.				d. STREET ADDRESS (If rural, give location) 720 Mason Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Russell		b. (Middle) David		c. (Last) Simmons		4. DATE OF DEATH (Month) (Day) (Year) August 20, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Aug. 3rd 1949		9. AGE (In years last birthday) 0 Months 0 Days 17 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Everett Simmons		13b. MOTHER'S MAIDEN NAME Betty Scott		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Everett Simmons 720 Mason Ave.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease INTERVAL BETWEEN ONSET AND DEATH 17da ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Enlargement of Liver 17544 17da			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 8/16, 1949, to 8/20, 1949, that I last saw the deceased alive on 8/15, 1949, and that death occurred at 9:00A.m., from the causes and on the date stated above.							
23a. SIGNATURE W. Roger Moore (Degree or title) M.D.				23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 8/20/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/22/1949		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Aug 26, 1949		REGISTRAR'S SIGNATURE E. G. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman W. Sidenfaden 1802 Union St. Joseph, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph M.

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.