

FILED SEP 12 1949

STANDARD CERTIFICATE OF DEATH

State File No. 27400

61
3
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 3041		Registrar's No. 94	
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Macon			
b. CITY (If outside corporate limits, write RURAL and give township) Macon		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Macon		61	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 3			
3. NAME OF DECEASED (Type or Print)			a. (First) William Jefferson b. (Middle) Simmons c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) June 20 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept 14 1886	
9. AGE (In years last birthday) 62		10. UNDER 1 YEAR Months 9 Days 6		10. UNDER 4 HRS. Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Livestock handler		11. BIRTHPLACE (State or foreign country) Macon County Mo.		12. CITIZENSHIP OF WHAT COUNTRY U. S. A	
13a. FATHER'S NAME William S. Simmons			13b. MOTHER'S MAIDEN NAME Amanda Matkins			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 491-14-0196		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				Sudden	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis				few yrs	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				42, 11	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on road going to work		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) MACON MACON Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 20 1949 6:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? just dropped dead			
22. I hereby certify that I attended the deceased from _____ 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L.B. Stokes, M.D. - CORONER				23b. ADDRESS Excello, Mo		23c. DATE SIGNED 6-20-49	
24a. BURIAL, CREMATION, REMOVAL Burial		24b. DATE 6-22-49		24c. NAME OF CEMETERY OR CREMATORY Mt. Tabor		24d. LOCATION (City, town, or county) (State) East Atlanta Mo.	
DATE REC'D BY LOCAL REG. 6/24/49		REGISTRAR'S SIGNATURE Ruth McNeely		185 FUNDAL DIRECTOR'S SIGNATURE Stephen Woodbury		ADDRESS	

RECEIVED SEP 7 1949
District Health Officer No.
District File Number 9-4215
Date Filed SEP 7 1949

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 *D. L. Stephens*

Licensed Embalmer No. *3057*

P. O. Address *Macon, Ga*

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.