

No. 300  
10.48.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

940

State File No. \_\_\_\_\_

FILED FEB 7 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Deepwater Mo.</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton General Hos</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Christopher</u> c. (Last) <u>SIMMONS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 28-1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Mar. 13-1874</u>		9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>15</u> IF UNDER 24 HRS. Hours <u>15</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Henry Simmons</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Payne</u>		14. NAME OF WIFE OR WIFE <u>Ethel Simmons</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>495-10-9626</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edith Simmons, Deepwater Mo.</u> ADDRESS	
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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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		DUPLICATE					
ANTECEDENT CAUSES		DUE TO (b) <u>Hypertension, Arteriosclerosis, Hypertrophy</u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Arterial Sclerosis, Profy.</u>					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial Infarction</u>				<u>4:30</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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>Deepwater Henry 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 5:30 PM Jan 27, 1950, to Jan 28, 1950, that I last saw the deceased alive on Jan 28, 1950, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Thomas</u>		23b. ADDRESS <u>Deepwater Mo.</u>		23c. DATE SIGNED <u>1-28-50</u>	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>Jan 30-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rockville Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Rockville Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Jan-28-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		FEDERAL DIRECTOR'S SIGNATURE <u>Tom Nurch, Deepwater Mo.</u>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

622  
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RECEIVED

District Health Officer No. 7,

District File Number 1-50-13

Date Filed 2-6-50

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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 Tom Hunt

Licensed Embalmer No. 2782

P. O. Address Dequater 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.