

FILED NOV 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32710**

| | | | | |
|---|--|---|------------------------------------|---|
| BIRTH NO. _____ | | REG. DIST. NO. 42 | PRIMARY REG. DIST. NO. 1000 | Registrar's No. 1239 |
| 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 town or township) ST. Joseph | | c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph. 0117 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. 907 South 9th St. | | d. STREET ADDRESS (If rural, give location) 907 South 9th St. | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Robert | | b. (Middle) Hiram | | c. (Last) Simmons |
| 4. DATE OF DEATH (Month) (Day) (Year) 10 15 1950 | | 5. SEX male | | |
| 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH 10 17 1879 |
| 9. AGE (In years last birthday) 70 | | IF UNDER 1 YEAR Months 11 Days 28 | | IF UNDER 2 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Section Foreman | | 10b. KIND OF BUSINESS OR INDUSTRY Great Western R.R. | | 11. BIRTHPLACE (State or foreign country) Grant City, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Jonathan Simmons | | |
| 13b. MOTHER'S MAIDEN NAME Elizabeth Brown | | 14. NAME OF HUSBAND OR WIFE Lillie Arlena Simmons | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) no | | 16. SOCIAL SECURITY NO. 722 12 8418 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lillie Arlena Simmons St. Joseph, Mo. |
| 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) CARCINOMA LIVER, METASTATIC ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMA, RECTUM DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROSIS | | |
| INTERVAL BETWEEN ONSET AND DEATH 1 MONTH 6 MONTHS 154X UNKNOWN | | 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.) none | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 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? none |
| 22. I hereby certify that I attended the deceased from 9-1 , 19 50 , to 10-15 , 19 50 , that I last saw the deceased alive on 10-15 , 19 50 , and that death occurred at 6:10 P.M. , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE (Degree or title) Allen L. Sherman M.D. | | 23b. ADDRESS 620 Francis St. | | 23c. DATE SIGNED 11-6-50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 10 17 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Isadora Cemetery |
| 24d. LOCATION (City, town, or county) (State) Grant City, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Grant City, Mo. | | |
| DATE REC'D BY LOCAL REG. Nov. 6, 1950 | | REGISTRAR'S SIGNATURE Carl C. Casper | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Grant City, Mo. |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

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 *Arch C. Temple*

Licensed Embalmer No. *3252*

P. O. Address *Grant City, 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.