

FILED OCT 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35605

BIRTH NO. 56991-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2403

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>DUNKLIN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. Richmond Heights</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KENNETT 352</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Mary's Hospital</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <b>GEORGE</b>	a. (First)	b. (Middle)	c. (Last) <b>SIMMONS</b>	4. DATE OF DEATH <b>OCT 7 1950</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>—</b>	8. DATE OF BIRTH <b>9-15-50</b>	9. AGE (In years last birthday) <b>3 weeks</b>	IF UNDER 1 YEAR Months   Days	IF UNDER 4 HRS. Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Kennett Mo. 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Roy Simmons</b>	13b. MOTHER'S MAIDEN NAME <b>Gladys Seymour</b>	14. NAME OF HUSBAND OR WIFE <b>—</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>—</b>	16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Roy Simmons</b>	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, asthensia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>MINS.</b> <b>long defect</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>STRANGULATION</b>	RESPIRATORY DIFFICULTY	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. . . .		
	DUE TO (b) <b>LEFT PALATE</b>		
	DUE TO (c) <b>MICROAGNATHIA</b>		
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>9</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **SEPT. 26**, 1950, to **OCT. 7**, 1950, that I last saw the deceased alive on **OCT. 7**, 1950, and that death occurred at **6:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. George Du...</b>	(Degree or title)	23b. ADDRESS <b>St. Mary's Hosp St. Louis</b>	23c. DATE SIGNED <b>OCT. 7 50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-8-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Kennett, Missouri</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>OCT 7 1950</b> <b>W. Donker MD/mb</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>LENTZ</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

*Body will not be embalmed*

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 \_\_\_\_\_

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, fact should be so stated above.