

STANDARD CERTIFICATE OF DEATH

37755

State File No. ....

WED DEC 4 1951

BIRTH NO. REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5-5-73 Registrar's No. 157

1. PLACE OF DEATH  
 a. COUNTY **JACKSON**  
 b. CITY (If outside corporate limits, write RURAL and give township) **Highway -**  
 c. LENGTH OF STAY (in this place)  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Min & Grain Valley Mo**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE **Mo** b. COUNTY **Jackson**  
 c. CITY (If outside corporate limits, write RURAL and give township) **Oak Grove 0480**  
 d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (First) **James** (Middle) **R** (Last) **Simmons**  
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) **Nov 11-1951**

5. SEX **M** 6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED **Married**

8. DATE OF BIRTH **Feb 16-1888**

9. AGE (In years last birthday) **63** IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) **General Contractor - Carpenter**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **Oak Grove Mo**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Jerry Simmons**

13b. MOTHER'S MAIDEN NAME **Margaret Murray**

14. NAME OF HUSBAND OR WIFE **Maudie Simmons**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **506-83-920**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Maudie Simmons Oak Grove 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Septicemia Hemorrhage**  
 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 **Profuse Hemorrhage Thromb**

INTERVAL BETWEEN ONSET AND DEATH  
**E8101**  
**26**

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE-HOMICIDE (Specify) **Accident**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Jackson County Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **11-11-51 8:45**

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **Auto Accident**

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) **Dr. A. Owens Carver**

23b. ADDRESS **1034 Piatts Bldg**

23c. DATE SIGNED **11-12-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Nov 15 1951**

24c. NAME OF CEMETERY OR CREMATORY **Oak Grove**

24d. LOCATION (City, town, or county) (State) **Oak Grove Mo**

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE **Donald C. Earshaw**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **West Funeral Home - Oak Grove Mo**

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

480  
3

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*R. D. Webb*

Signed.....  
Student Embalmer

Licensed Embalmer No. *235-3*

P. O. Address *Blue Springs, 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.