

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **3859**

FILED MAR 10 1952

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **80**

0013

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

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY SCHUYLER	
b. CITY (If outside corporate limits, write RURAL and give township) KIRKSVILLE		c. CITY (If outside corporate limits, write RURAL and give township) LANCASTER	
c. LENGTH OF STAY (in this place) 5 DAYS		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION LAUGHLIN HOS			

3. NAME OF DECEASED (Type or Print) a. (First) OLIVER b. (Middle) HIRAM c. (Last) SIMMONS			4. DATE OF DEATH (Month) (Day) (Year) MAR 1 52		
5. SEX MO		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JULY 12, 1869		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY HARDWARE		11. BIRTHPLACE (State or foreign country) U	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME PERRY SIMMONS		13b. MOTHER'S MAIDEN NAME MARTHA WOODCOCK		14. NAME OF HUSBAND OR WIFE ETTA SIMMONS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 1		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN SIMMONS COLUMBIA 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) Acute dilatation of heart			INTERVAL BETWEEN ONSET AND DEATH few min.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute influenza			2 wks.
		DUE TO (c) Chronic nephritis			Yrs.
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arterio sclerosis			Yrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 481X			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

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)	
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?	

22. I hereby certify that I attended the deceased from **2/25, 1952** to **3/1, 1952**, that I last saw the deceased alive on **3/1, 1952**, and that death occurred at **5:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Don Clure (Degree or title)		23b. ADDRESS 40 Berksville, MO		23c. DATE SIGNED 3/1/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR 4, 52		24c. NAME OF CEMETERY OR CREMATORY ARNI MEMORIAL		24d. LOCATION (City, town, or county) (State) LANCASTER, MO	
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DATE REC'D BY LOCAL REG. 3-3-52		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lucas R. Head Lancaster, Mo	
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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 Everett P. Newell

Licensed Embalmer No. 4038

P. O. Address Lancaster, 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.