

FILED APR 14 1953

STANDARD CERTIFICATE OF DEATH

State File No. 8779

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>99</u>	
1. PLACE OF DEATH a. COUNTY <u>BOONE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>COLUMBIA</u>		c. LENGTH OF STAY (In this place) <u>11 DAYS</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u>		<u>0396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ELLIS FISCHER STATE CANCER</u>				d. STREET ADDRESS (If rural, give location) <u>745 NORTH FORT</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CLINTON</u>		b. (Middle) <u>WEBSTER</u>		c. (Last) <u>SIMMONS</u>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
<u>APR</u>		<u>3</u>		<u>1953</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>5-3-07</u>	
9. AGE (In years last birthday)		If UNDER 1 YEAR Months		If UNDER 1 YEAR Days		If UNDER 1 HR. Hours	
<u>45</u>		<u>11</u>		<u>-</u>		<u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CASH REGISTER SERVICE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PAINTER</u>		11. BIRTHPLACE (State or foreign country) <u>MUMFORD, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ELMER SIMMONS</u>		13b. MOTHER'S MAIDEN NAME <u>NORA BELL RICE</u>		14. NAME OF HUSBAND OR WIFE <u>JENNIEVE SIMMONS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no record</u>		16. SOCIAL SECURITY NO. <u>3</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HOSPITAL RECORDS</u>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Bladder</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Surgical Shock</u>					
		DUE TO (c) <u>Liver Failure</u>					
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>Apr 1/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Bladder</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (If 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) (Minute)		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 <u>Mar 23</u> , 19 <u>53</u> , to <u>Apr 3</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Apr 3</u> , 19 <u>53</u> and that death occurred at <u>3 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph H. Lesser M.D.</u>				23b. ADDRESS <u>Ellis Fisher State Cancer Hosp</u>		23c. DATE SIGNED <u>Apr 3/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>4-4-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MO</u>	
DATE REC'D BY LOCAL REG. <u>April 4 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parmer Funeral Service, Columbia Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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C

APR 21 1959

APR 15 1959

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.....
Student Embalmer

Signed J. W. Phillips
Licensed Embalmer No. 4897

P. O. Address Columbia 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.