

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10331
State File No. 10331
REG. DIST. NO. 157
PRIMARY REG. DIST. NO. 4247
Registrar's No. 42

FILED MAR 23 1953

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

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 4247		Registrar's No. 42	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give town or township) Jasper		c. LENGTH OF STAY (In this place) 4 yrs.		c. CITY (If outside corporate limits, write RURAL and give town or township) Jasper		d. STREET ADDRESS (If rural, give location) North Main Street 0490	
3. NAME OF DECEASED a. (First) William b. (Middle) Henry c. (Last) Simmons				4. DATE OF DEATH (Month) (Day) (Year) March 4, 1953			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 3, 1867	
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and State or Foreign Country) Henry County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Manson Boone Simmons		13b. MOTHER'S MAIDEN NAME Sarah Johnston		14. NAME OF HUSBAND OR WIFE Grace Senseny	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Bernice Shaw, Liberal, Mo. ADDRESS			
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) <u>6/ pneumonia + pleurisy</u> 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. <u>Old age</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 M.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>493x</u>				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.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>LAMAR Barton Mo</u>		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT - WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Dec 1, 1952</u> to <u>March 4, 1953</u> that I last saw the deceased alive on <u>March 5, 1953</u> and that death occurred at <u>3:40 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. Guesner M.D.</u> (Degree or title)				23b. ADDRESS <u>LAMAR Mo</u>		23c. DATE SIGNED <u>3-6-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-8-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nashville, Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Barton County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-14-53</u>		REGISTRAR'S SIGNATURE <u>LB Clinton M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sharp & Selvey, Jasper, Mo.</u>			

RECEIVED 3-20-53
Jasper County Health Office

County File Number 53/3/249

Date Filed 3-20-53

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 Lawson D. Sharp

Licensed Embalmer No. 4922

P. O. Address Jasper, 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.