S. No. 300
v. 10.48

64833

LED JUN 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18550

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 85

1530
3

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural H. W. 66 10Mi.
c. LENGTH OF STAY (in this place): W.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lebanon Mo. Rt. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lebanon T. S. 0530
d. STREET ADDRESS (If rural, give location): Lebanon Mo. Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Danny
b. (Middle): Leon
c. (Last): Simmons

4. DATE OF DEATH (Month) (Day) (Year): May 31 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 0
8. DATE OF BIRTH: Sept. 12 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 8 Days: 19 IF UNDER 1 DAY Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Laclede Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Warren J. Simmons
13b. MOTHER'S MAIDEN NAME: Mary B Scott
14. NAME OF HUSBAND OR WIFE: –
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.: –
17. INFORMANT'S SIGNATURE OR NAME: Audie Simmons
ADDRESS: Conway 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Simple Fractured & Kneel Severely — INTERVAL BETWEEN ONSET AND DEATH: Instant.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Comminuted. Rt Temporal — Basal
DUE TO (c) Car Wreck

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 053
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.): Highway 66
21c. (CITY, TOWN, OR TOWNSHIP): (COUNTY): Laclede (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 31 1953 7:20 a.m.
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* 7:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Paul A Jenkins (Degree or title): MD
23b. ADDRESS: Lebanon Mo
23c. DATE SIGNED: 1 Jun 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 3 1953
24c. NAME OF CEMETERY OR CREMATORY: McBride
24d. LOCATION (City, town, or county) (State): Laclede Co. Mo.

DATE REC'D BY LOCAL REG.: 6-4-1953
REGISTRAR'S SIGNATURE: Stella L. Day 424
25. FUNERAL DIRECTOR'S SIGNATURE: Palmer
ADDRESS: Lebanon Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Received 6-8-53

Laclede County Health Unit

File No. 6-53-90

Date Filed 6-8-53

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed S. R. Palmer

Signed _____
Student Embalmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.