

FILED JAN 5 1955

STANDARD CERTIFICATE OF DEATH

State File No. 40463

BIRTH NO. REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) Boonville		c. CITY OR TOWN Boonville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 Days		e. STREET ADDRESS 711 Sixth St. 02 B	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Joseph Hospital			

3. NAME OF DECEASED a. (First) Robert (Type or Print)		b. (Middle) Perry		c. (Last) Simmons.		4. DATE OF DEATH (Month) (Day) (Year) December 31 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 28 1882	9. AGE (In years last birthday) 72	if UNDER 1 YEAR	if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Tyre Simmons.		13b. MOTHER'S MAIDEN NAME Flora Orr		14. NAME OF HUSBAND OR WIFE Mina Oakman Simmons.	
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. 497-28-3433		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mina Simmon s. Boonville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes diagnosed in 1952		2 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) That disease occurs in the family Had objected to a diabetic diet DUE TO (c)		2 yrs 2 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Had. Deep hemorrhages the last week 5 days.		5 days.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION The undertaker found a large mass of dark blood on his left chest only		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) Boonville Cooper MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	260 X

22. I hereby certify that I attended the deceased from Nov 9, 1954 to Dec 31, 1954 that I last saw the deceased alive on 12-30, 1954, and that death occurred at 10 AM, from the causes and on the date stated above.

23a. SIGNATURE Dr. W. E. Stone	(Degree or title) M.D.	23b. ADDRESS 319 1/2 main st. Boonville Mo.	23c. DATE SIGNED 12-31-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 2 1955	24c. NAME OF CEMETERY OR CREMATORY Providence	24d. LOCATION (City, town, or county) (State) Cooper County, Missouri.

DATE REC'D BY LOCAL REG. 12/31/54	REGISTRAR'S SIGNATURE [Signature] 381-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *G. F. Deller*

Licensed Embalmer No. *306*

P. O. Address *Boonville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.