

STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6018 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY RAY 0890		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY RAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, FISHING RIVER		c. CITY OR TOWN RURAL	
c. LENGTH OF STAY (in this place) _____		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0890	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 MILES N. ORRICK, Mo.		No. STREET ADDRESS (If rural, give location) Rt. #1, ORRICK, Mo. 4 MILES N, ORRICK	

3. NAME OF DECEASED (Type or Print) a. (First) JERRY	b. (Middle) DAVID	c. (Last) SIMMONS	4. DATE OF DEATH (Month) (Day) (Year) JAN. 10, 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 6, 1908	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION WORK	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME SAMUEL SIMMONS	13b. MOTHER'S MAIDEN NAME JENNIE SWEARINGIN	14. NAME OF HUSBAND OR WIFE MARIE HOEGLER SIMMONS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 487-05-3468	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARIE H. SIMMONS, Rt #1, ORRICK, Mo.
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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, ashenia, 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) Chronic Endocarditis -		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza - DUE TO (c) _____ 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 481X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 6, 1955, to Jan 10, 1955, that I last saw the deceased alive on Jan 9, 1955, and that death occurred at 4:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE Dr. J. J. Simmons - D.O.	23b. ADDRESS Orick, Mo	23c. DATE SIGNED 1-11-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN. 12, 1955	24c. NAME OF CEMETERY OR CREMATORY MECKLIN CEMETERY RURAL OAK GROVE, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG Jan. 11-1955	REGISTRAR'S SIGNATURE Helen J. Laker 272	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Claude Richard Eubank Springs, Mo.
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NOV 26 1957

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 *Ralph C Van Landingham*

Licensed Embalmer No... *400*
Chelior Springs
P. O. Address

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.