

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

18243

State File No.

FILED JUL 5 - 1955

BIRTH NO.		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>5449</u>		Registrar's No. <u>76</u>	
1. PLACE OF DEATH Farm Home a. COUNTY Gentry Co. Jackson Twpsh.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Gentry			
b. CITY (If outside corporate limits, write RURAL and give township) King City Jackson				c. CITY (If outside corporate limits, write RURAL and give township) King City. Jackson Twpsh			
d. FULL NAME OF HOSPITAL OR INSTITUTION Farm Home				d. STREET ADDRESS (If rural, give location) Rural 8 Mi. N.W.			
3. NAME OF DECEASED (Type or Print) Wilbur		a. (First) E		b. (Middle) Simmons		c. (Last)	
4. DATE OF DEATH 6.17.1955		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH 12.5.1897.		9. AGE (In years last birthday) 57		10. MONTH 6		11. DAY 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Gentry Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Ruben Simmons		13b. MOTHER'S MAIDEN NAME Daisy E. Higgins		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 489-36-4574		17. INFORMANT'S SIGNATURE OR NAME Daisy Simmons, King City 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) suicide - death from gas from car ex health. 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E9731				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) King City (COUNTY) Gentry (STATE) Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 6-17 , 19 55 , to 6.17.1955 , that I last saw the deceased alive on 6-17-55 , 19 55 , and that death occurred at 930 a.m. , from the causes and on the date stated above.							
23. SIGNATURE Charles N. Williams (Degree or title) Coroner				23b. ADDRESS Gentry Mo.		23c. DATE SIGNED 6-18-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6.19.1955		24c. NAME OF CEMETERY OR CREMATORY High Ridge		24d. LOCATION (City, town, or county) (State) Stanberry Mo.	
DATE REC'D BY LOCAL REG. 6-27-55		REGISTRAR'S SIGNATURE Maude Williams		25. FUNERAL DIRECTOR'S SIGNATURE R. G. Gagner		ADDRESS King City Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—NAME & TELEPHONE OF EMBALMER

700. 12. 1900

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

R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.