

FILED SEP 26 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29320

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Boonville</b>	c. LENGTH OF STAY (In this place) <b>4 Days</b>	c. CITY OR TOWN <b>Boonville,</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital.</b>		STREET ADDRESS (If rural, give location) <b>515 West Street.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b>	b. (Middle)	c. (Last) <b>Simmons.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 20 1955</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>February 12 1866</b>
9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cooper County, Missouri.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Benjamin Simmons.</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine Densman</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Langlot Simons.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>-----</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ray Lymer, Boonville, Mo.</b>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MYOCARDIAL INSUFFICIENCY</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 WEEKS</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>INFARCTION OF THE MYOCARDIUM</b> DUE TO (c) <b>HYPERTENSIVE (CARDIOVASCULAR) DISEASE</b>		<b>UNKNOWN</b> <b>YEARS</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>UREMIA 4201</b>		<b>DAYS</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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?

22. I hereby certify that I attended the deceased from SEPT. 15, 1955, to SEPT. 20, 1955, that I last saw the deceased alive on SEPT. 20, 1955, and that death occurred at 4:40 P. M., from the causes and on the date stated above.

23a. SIGNATURE <i>L. Hala</i>	(Degree or title)	23b. ADDRESS <b>329 Main St., Boonville, Mo</b>	23c. DATE SIGNED <b>9/20/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 22<sup>nd</sup>/1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Boonville, Missouri.</b>
DATE REC'D BY LOCAL REG. <b>9/22/55</b>	REGISTRAR'S SIGNATURE <i>SB Hooper</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Goodman &amp; Boller, Boonville, Mo.</b>	ADDRESS

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..... *William W. Wood* .....

Licensed Embalmer No. 4539

P. O. Address .. Boonville, ..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.