

No. 300  
10.48

FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30525

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 274

1. PLACE OF DEATH  
a. COUNTY ST. FRANCOIS  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI b. COUNTY WASHINGTON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FARMINGTON c. LENGTH OF STAY (In this place) 6 DAYS  
c. CITY OR TOWN POTOSI d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION MINERAL AREA OSTEO. HOSP  
STREET ADDRESS (If rural, give location) 207 STATE ST. 11001

3. NAME OF DECEASED (Type or Print) a. (First) ALLEN b. (Middle) HOWARD c. (Last) SIMMONS  
4. DATE OF DEATH (Month) (Day) (Year) SEPT. 28, 1955

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED  
8. DATE OF BIRTH JULY 18, 1895 9. AGE (In years last birthday) 60 2 10 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mts.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSURANCE AGENT  
10b. KIND OF BUSINESS OR INDUSTRY INSURANCE  
11. BIRTHPLACE (City and State or Foreign Country) SULLIVAN, MISSOURI  
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME ANDREW SIMMONS 13b. MOTHER'S MAIDEN NAME MARY HOGAN 14. NAME OF HUSBAND OR WIFE OLGA H. SIMMONS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES 16. SOCIAL SECURITY NO. 500-16-2365 17. INFORMANT'S SIGNATURE OR NAME Russell K. Simon ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acidosis. MEDICAL CERTIFICATION Potosi, Mo. INTERVAL BETWEEN ONSET AND DEATH 2 days

\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (b) Uremia. DUE TO (c) Pyelonephrosis + Kidney Stenosis. 11 days

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION Impacted Stone Left Ureter. 602X  
20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/26, 1955, to 9/28, 1955, that I last saw the deceased alive on 9/28, 1955, and that death occurred at 9:37 A.M., from the causes and on the date stated above.

23a. SIGNATURE Paul J. Coan No. 23b. ADDRESS Farmington, Mo. 23c. DATE SIGNED 9/28/55

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 9-28-55 24c. NAME OF CEMETERY OR CREMATORY SMITH FUNERAL HOME 24d. LOCATION (City, town, or county) (State) POTOSI MISSOURI

DATE REC'D BY LOCAL REG. SEPT. 28, 1955 REGISTRAR'S SIGNATURE Esther Rudloff 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Potosi, Mo.

(Licensed Embalmers Statement on Reverse Side)

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

MAR 5 1958

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.....  
*Mary M. Smith*  
Licensed Embalmer No. *43*

P. O. Address *Potosi*

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.