

FILED DEC 6 1955

STANDARD CERTIFICATE OF DEATH

State File No. **35937**

BIRTH NO. _____ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5109** Registrar's No. **89**

1. PLACE OF DEATH a. COUNTY BOLLINGER			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY BOLLINGER		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-CROOKED CR		c. LENGTH OF STAY (in this place) 15 yrs	c. CITY OR TOWN GLEN ALLEN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			e. STREET ADDRESS (If rural, give location) R # 1		

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) HARVEY c. (Last) SIMMONS			4. DATE OF DEATH (Month) (Day) (Year) 11-25-55		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH JAN 1877		9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (If's kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Stoddard county mo		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME LUCAS Simmons		13b. MOTHER'S MAIDEN NAME Timby Smith		14. NAME OF HUSBAND OR WIFE NELLIE Smith Simmons	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Luther Simmons - East Allen Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate			
		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. 177X			

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) 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 **Nov 1st**, 19**55**, to **Nov 25th**, 19**55**, that I last saw the deceased alive on **Nov 24**, 19**55**, and that death occurred at **7:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edwin Crites M.D.		23b. ADDRESS Ledgewood, Mo.		23c. DATE SIGNED 11/24/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-27-55		24c. NAME OF CEMETERY OR CREMATORY M.S.G.E.C. CHAPEL Cem	
24d. LOCATION (City, town, or county) (State) NEAR GLEN ALLEN MO		DATE REC'D BY LOCAL REG. 12-3-1955			
REGISTRAR'S SIGNATURE Mo Buford Crader		529		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gene Ward Luleville Mo	

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.....

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau

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.