

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 10 1956

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

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 392

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Esther</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Esther</u>	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		e. STREET ADDRESS (If rural, give location) <u>0940</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>E. SIMMONS</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 28, 1955</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Feb. 6, 1891</u>	9. AGE (in years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINING</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Bohket, Tenn., MO.</u>	

13a. FATHER'S NAME <u>John B. SIMMONS</u>		13b. MOTHER'S MAIDEN NAME <u>EMILY WREN</u>		14. NAME OF HUSBAND OR WIFE <u>BERTHA SIMMONS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>493-03-9450</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Cornell Simmons Esther, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon with generalized metastases</u>		ANTECEDENT CAUSES <u>generalized metastases</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>153X</u>		Conditions contributing to the death but not related to the disease or condition causing death.			

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) (Min.)		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 Jan, 1924, to Dec 27, 1955, that I last saw the deceased alive on Dec 27, 1955, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>George L. Withers</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Farmington Mo</u>		23c. DATE SIGNED <u>12-29-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/30-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>Leadington, MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u>		ADDRESS <u>Platt Wagon</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 29, 1955</u>		REGISTRAR'S SIGNATURE <u>Etherell Rudloff</u>			

FEB 8 1956

**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 *R. Caldwell*.....

Licensed Embalmer No. *25*.....

P. O. Address *Flat River*.....

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