

0.300
0.48

FILED DEC 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38568

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>5614</u>		Registrar's No. <u>72</u>				
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>						
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>7 Mi. N. E. Leonard</u>)		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>7 Mi. N. E. Leonard</u>		d. STREET ADDRESS (If rural, give location) <u>0520</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				d. STREET ADDRESS (If rural, give location)						
3. NAME OF DECEASED (Type or Print) a. (First) <u>RAYMOND</u>			b. (Middle) <u>KENT</u>		c. (Last) <u>SIMMONS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>24 Nov 1956</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>never married</u>		8. DATE OF BIRTH <u>Aug 8, 1933</u>		9. AGE (In years last birthday) <u>23</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Knox County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Arthur Willis Simmons</u>			13b. MOTHER'S MAIDEN NAME <u>Annie B. Shofstall</u>			14. NAME OF HUSBAND OR WIFE <u>none</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Arthur Simmons</u> ADDRESS <u>Leonard, Mo</u>						
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) <u>Myocarditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Septic sore throat</u> DUE TO (c) <u>.051X</u> II. OTHER SIGNIFICANT CONDITIONS <u>Epilepsy</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)		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 <u>Nov 21, 1956</u> , to <u>Nov 24, 1956</u> , that I last saw the deceased alive on <u>Nov 20 AM</u> , 1956, and that death occurred at <u>10 A. m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>E. O. Holmes D.O.</u>				23b. ADDRESS <u>Novelty Mo</u>		23c. DATE SIGNED <u>Nov 28-56</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>26 Nov '56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cherry Box Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Leonard, Mo</u>					
DATE REC'D BY LOCAL REG. <u>Nov. 29-56</u>		REGISTRAR'S SIGNATURE <u>Helle A. Humolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. B. ...</u>		ADDRESS <u>Edina, Mo</u>				

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
Student Embalmer

Signed Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina Mo.

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