No. 300
10.48

FILED DEC 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40410

BIRTH NO. _____ REG. DIST. NO. 6258 PRIMARY REG. DIST. NO. 376 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY: WAYNE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEAR GREENVILLE
c. LENGTH OF STAY (in this place): TRANSIT
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: TEXAS
b. COUNTY:
c. CITY OR TOWN: HUSTON
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 136 HARKNESS 10701

3. NAME OF DECEASED (Type or Print)
a. (First): LUTHER
b. (Middle): TRAVIS
c. (Last): SIMMONS

4. DATE OF DEATH (Month) (Day) (Year): DEC. 1 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Nov. 5, 1916
9. AGE (In years last birthday): 40
IF UNDER 1 YEAR: Months: 0 Days: 26 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER
10b. KIND OF BUSINESS OR INDUSTRY: VACUM TANK COMP.
11. BIRTHPLACE (City and State or Foreign Country): LEONA TEXAS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ✓
13b. MOTHER'S MAIDEN NAME: ✓
14. NAME OF HUSBAND OR WIFE: OZETTA WEST SIMMONS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): WW II
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 466-12-1276
17. INFORMANT'S SIGNATURE OR NAME: W. O. WIEST
ADDRESS: 12006 PALM CREST LEONA TEXAS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: 1 MIN.

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HIGHWAY 67
21c. (CITY, TOWN, OR TOWNSHIP): NEAR GREENVILLE (COUNTY): WAYNE (STATE): Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12 1 56 4:30 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: TRUCK ACCIDENT (SINGLE)

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 4:31 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Marvin E. Bowles (Degree or title): Coroner
23b. ADDRESS: Piedmont, Mo
23c. DATE SIGNED: 12/2/56

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 12-2-56
24c. NAME OF CEMETERY OR CREMATORY: LOCAL CEM.
24d. LOCATION (City, town, or county): HUSTON (State): TEXAS

DATE REC'D BY LOCAL REG.: Dec 3-1956
REGISTRAR'S SIGNATURE: Gretta Wood
25. FUNERAL DIRECTOR'S SIGNATURE: Norman W. Dish
ADDRESS: Piedmont, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

1950

RECEIVED
DEC 3 1956
WAYNE CO. HEALTH CENTER
FILE No.

DEC 13 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....Me...., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Marvin E. Bowles

Licensed Embalmer No. 442

P. O. Address Piedmont,

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