Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2025
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Levering Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Marion
c. CITY OR TOWN: Hannibal — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 316 Olive — Reside on Farm Yes ☐ No ☐

0644

3. NAME OF DECEASED (Type or print): First THOMAS — Middle GEORGE — Last SIMMONS

4. DATE OF DEATH Month Day Year: January 4, 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: March 7, 1873

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 9, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Wabash Engineer

11. BIRTHPLACE (City and state or country): Hannibal Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George William Simmons

14. MOTHER'S MAIDEN NAME: Mary E. Pryor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Mrs. Paul Richart Hannibal Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Vascular heart disease — INTERVAL BETWEEN ONSET AND DEATH: one year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Aneurysm of Aorta — one year
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 022X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1/3/1957, to 1/4/1957 and last saw her/him alive on 1/4/57
Death occurred at 8:25 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] Lanning [illegible]

22b. ADDRESS: B & L Building, Hannibal, Mo

22c. DATE SIGNED: 1/8/1957

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1/7/57

23c. NAME OF CEMETERY OR CREMATORY: Mount Olivet

23d. LOCATION (City, town, or county) (State): Hannibal Missouri

24. FUNERAL DIRECTOR: [signature] — ADDRESS: Hannibal Missouri

25. DATE RECD. BY LOCAL REG.: 1-9-1957

26. REGISTRAR'S SIGNATURE: Dr. E. M. Lucke by W. C. Fisher

189.0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 15 1957
MARION CO. HEALTH DEPT.
DATE FILED JAN 15 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John S Wood

Licensed Embalmer No....454

P. O. Address Hannibal Mi

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