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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2402

STATE FILE NUMBER

FILED FEB 1 1957

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Moberly</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Woodland Hosp</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>525 W Logan</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Kelly</u> Last <u>Simmons</u>			4. DATE OF DEATH Month <u>Jan</u> Day <u>17th</u> Year <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 13-1892</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dist mgr.</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>McPower & Light</u>	9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR: Months <u>9</u> Days <u>4</u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dist mgr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>McPower & Light</u>	11. BIRTHPLACE (City and state or country) <u>Moberly Mo</u>
13. FATHER'S NAME <u>Franklin Simmons</u>		14. MOTHER'S MAIDEN NAME <u>Layena Scruggs</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yrs. give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-09-5339</u>	17. INFORMANT <u>Mrs Elizabeth Simmons</u> Address <u>Moberly Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> DUE TO (b) <u>Arteriosclerotic Heart disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4200</u>	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>Dec 10</u> to <u>Jan 17</u> and last saw her/him alive on <u>Jan 17</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. H. Jennings</u> (Registrar's title)		22b. ADDRESS <u>Moberly Mo</u>	22c. DATE SIGNED <u>1/18/57</u>
23a. BURIAL, CREMATION, OR OTHER (Specify) <u>Burial</u>	23b. DATE <u>1-20-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u></u>	23d. LOCATION (City, town, or county) (State) <u>Booneville, Mo</u>
24. FUNERAL DIRECTOR <u>Mahon and Son, Moberly Mo</u> ADDRESS		25. DATE REGD. BY LOCAL REG. <u>1-20-57</u>	26. REGISTRAR'S SIGNATURE <u>Leaherlaue</u>

MAR 21 1958

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 *Raymond F. Hoeman*
Licensed Embalmer No. *it 2*

P. O. Address *Mobily*

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.