FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34781 STATE FILE NUMBER

Health, Welfare Public Service

300 1-56

Registration District No. 27 Primary Registration District No. 4035 Registrar's No. 111

1. PLACE OF DEATH
a. COUNTY Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rockville — Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION none — Length of stay in 1b 67 yr.

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

3. NAME OF DECEASED (Type or print) First Middle Last: Gilbert Lafayette Simmons

4. DATE OF DEATH Month Day Year: Oct. 19-57

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Feb. 23-1870

9. AGE (In years last birthday): 87

IF UNDER 1 YEAR: Months 7 Days 26 — IF UNDER 24 HRS.: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Hancock Co. Ill.

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

13. FATHER'S NAME: John Simmons

14. MOTHER'S MAIDEN NAME: Julianna Eckles

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

16. SOCIAL SECURITY NO.: no.

17. INFORMANT Address: Mrs. G. L. Simmons Rockville Mo.

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): Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 2 days,

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): arteriosclerosis — 15 yrs.

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 7/15/52 to 10/19/57 and last saw him alive on 10/19/57
Death occurred at Rockville Mo. 1:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. D. Bjerke, D.O.

22b. ADDRESS: Rockville, Mo.

22c. DATE SIGNED: 10/19/57

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

23b. DATE: Oct. 21-57

23c. NAME OF CEMETERY OR CREMATORY: Appleton City

23d. LOCATION (City, town, or county) (State): Appleton City Mo.

24. FUNERAL DIRECTOR ADDRESS: Oscar Eckhoff Appleton City Mo.

25. DATE REC'D BY LOCAL REG.: Oct. 20-1957

26. REGISTRAR'S SIGNATURE: Randall Kinney

(Licensed Embalmer's Statement on Reverse Side)

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

17-0

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 Oscar Eckhoff

Licensed Embalmer No. 32

P. O. Address Appleton

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