

FILED DEC 10 1957

STANDARD CERTIFICATE OF DEATH

42615
State File No. 11517

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11517**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis	c. LENGTH OF STAY (In this place) 4 weeks	c. CITY OR TOWN Festus	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Firman Desloge Hospital		e. STREET ADDRESS (If rural, give location) 29 R. F. D. # 3	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Henry c. (Last) Simmons		4. DATE OF DEATH (Month) (Day) (Year) Nov. 28, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 3, 1888
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)	11. BIRTHPLACE (City and State or Foreign Country) Franklin County, Mo
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY General Farming	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Andy Simmons	13b. MOTHER'S MAIDEN NAME Mary Hogan	14. NAME OF HUSBAND OR WIFE Margaret Lanham
--	---	--

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. None	17. INFORMANT'S SIGNATURE OR NAME Clarence Simmons, Festus, Mo. R # 3	ADDRESS R # 3
--	-------------------------------------	--	----------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Atherosclerotic heart disease with cardiac insufficiency DUE TO (b) Cor pulmonale DUE TO (c) Obstructive Emphysema		
	II. OTHER SIGNIFICANT CONDITIONS Influenza, broncho pneumonia, bleeding duodenal ulcer Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 420.0	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute)	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 **11-2-1952** to **11-28-1957**, that I last saw the deceased alive on **11-28-1957**, and that death occurred at **1:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. Carl Smith M.D. (Degree or title)	23b. ADDRESS Firman Desloge Hosp.	23c. DATE SIGNED 11-28-57
--	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-1-57	24c. NAME OF CEMETERY OR CREMATORY Sandy Baptist	24d. LOCATION (City, town, or county) (State) Hillsboro, Mo. Rural
---	--------------------------	---	---

DATE REC'D BY LOCAL DEC 2 1957	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Vinyard Funeral Home, Inc., Festus, Mo.	ADDRESS
---------------------------------------	---	---	---------

m. A. B. (Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Keith B. Vinograd*
.....

Licensed Embalmer No. *4976*

P. O. Address *Festus, 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 embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.
If this body is not embalmed, fact should be so stated above.