Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-019309
STATE FILE NUMBER

FILED MAY 22 1958 Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 78

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Waynesville, Mo. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) None. Length of stay in 1b 2 days.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Arkansas. b. COUNTY Pulaski
c. CITY OR TOWN Little Rock, Ark. 3030 Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1822½ Wolfe St. Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Eva. Middle: ----- Last: Simmons.

4. DATE OF DEATH Month: May Day: 12 Year: 1958

5. SEX Female

6. COLOR OR RACE White.

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [X] 3

8. DATE OF BIRTH July 11, 1930

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

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

10b. KIND OF BUSINESS OR INDUSTRY •••••••

11. BIRTHPLACE (City and state or country) Little Rock, Ark.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Marcus O. Gardner.

13b. MOTHER'S MAIDEN NAME Gussie Pemberton.

14. NAME OF HUSBAND OR WIFE James E. Simmons.

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

16. SOCIAL SECURITY NO. 431-48-3065

17. INFORMANT Address: Ruebel FuneralHome Little Rock, Ark

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Apparent Laceration of the heart. Instant.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) due to gun shot wound.
DUE TO (c) 976X

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 [ ] NO [X] 2

20a. ACCIDENT [ ] **SUICIDE** [X] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self inflicted wound.

20c. TIME OF INJURY 6:00 Hour a.m. p.m. Month, Day, Year 5 12 58

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [X]

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

20f. CITY, TOWN, OR LOCATION Waynesville **COUNTY** Pulaski **STATE** Missouri

21. I attended the deceased on 5/12/58, to _____ and last saw her/him alive on _____
Death occurred at 6:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) County Coroner. 3

22b. ADDRESS Richland, Missouri

22c. DATE SIGNED 5/13/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 5/14/58

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) (State) Little Rock Ark.

24. FUNERAL DIRECTOR [signature] **ADDRESS** Hedges Funeral Home Way, Missouri

25. DATE RECD. BY LOCAL REG. 5-13-58

26. REGISTRAR'S SIGNATURE Eula Faye Anderson

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. Use only standard nomenclature in Item 18. No symptoms will be listed.

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 ..... Signed Clarence Throse
Signature of Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville

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.