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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029818
STATE FILE NUMBER

FILED SEP 3 1958 Registration District No. 254 Primary Registration District No. 5867 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: OREGON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: THAYER TOW NSHIP — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: — Length of stay in Ib: 1½ month

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ARKANSAS b. COUNTY: FULTON
c. CITY OR TOWN: MAMMOTH SPRING — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 8030 S — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: RANCE Middle: WADE Last: SIMMS

4. DATE OF DEATH Month: AUGUST Day: 23 Year: 1958

5. SEX: FMAILE O

6. COLOR OR RACE: WHITE

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: AUGUST 25, 1864

9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months 11 Days 29 — IF UNDER 24 HRS.: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Bono, Arkansas /

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: William F. Simms

13b. MOTHER'S MAIDEN NAME: Laura D.

14. NAME OF HUSBAND OR WIFE: Julia Simms

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Homer Simms, Address: Thayer, 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): Carcinoma of Stomach & Liver — INTERVAL BETWEEN ONSET AND DEATH: 3 + month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c): 151X

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 ☐ O

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 June 1958 to Aug 23 1958 and last saw ~~her~~ him alive on Aug 22 1958
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C W Cooper (Degree or title) MD O

22b. ADDRESS Thayer Mo

22c. DATE SIGNED

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

23b. DATE: 8-25-1958

23c. NAME OF CEMETERY OR CREMATORY: Thayer Cemetery

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

24. FUNERAL DIRECTOR Leland Carter ADDRESS Thayer Mo

25. DATE RECD. BY LOCAL REG.: 8-24-58

26. REGISTRAR'S SIGNATURE Arthur Wolff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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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 Leland Carter

Licensed Embalmer No. 4516

P. O. Address Thayer, 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.