

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017063  
STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 64 Primary Registration District No. 4110 Registrar's No. 31

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Chariton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Salisbury</b>		c. CITY OR TOWN <b>Salisbury</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>603 East 2nd St.</b>		d. STREET ADDRESS (If outside, give location) <b>603 East 2nd. St.</b>	
Length of stay in lb <b>1 yr.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Calvin</b> Middle <b>Theodore</b> Last <b>Simmons</b>			4. DATE OF DEATH Month <b>May</b> Day <b>18</b> , Year <b>1959</b>		
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 5, 1879</b>	9. AGE (In years last birthday) <b>80</b>	10. F UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	11. IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>General Farm</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Perry Cruse Simmons</b>	13b. MOTHER'S MAIDEN NAME <b>Geneva Davis</b>	14. NAME OF HUSBAND OR WIFE <b>Beulah Mott Simmons</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>494-12-2338</b>	17. INFORMANT <b>Mrs. C. T. Simmons, Salisbury, Mo.</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebrovascular Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arterio sclerosis</b>	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>331x</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) _____
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <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 _____
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21. I attended the deceased from <b>March 1958</b> to <b>May 18, 1959</b> and last saw <b>him</b> alive on <b>May 18, 1959</b> Death occurred at <b>7:30 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>George D. Quinn M.D.</b> (Degree or title) <b>2</b>	22b. ADDRESS <b>Salisbury, Missouri</b>	22c. DATE SIGNED <b>5-19-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>5/20/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Salisbury City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Salisbury, Missouri</b>
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24. FUNERAL DIRECTOR <b>Chas. B. Winkelmeier, Salisbury, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>5-19-59</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

50

JS  
APR 21 1960

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 *Chas B Winkelmeier* .....

Licensed Embalmer No. *3842* .....

P. O. Address *Salisbury* .....

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.