

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020164

STATE FILE NUMBER

FILED JUN 2 1959

Registration District No.

352

Primary Registration District No.

Registrar's No.

511

| | | | | | | | |
|--|----------------------------------|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Taney | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Taney | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Branson | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Forsyth | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) Skaggs Hosp. | | Length of stay in lb 10 days | | d. STREET ADDRESS 1060 rural | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) JASPER NEWTON SIMMONS | | | | 4. DATE OF DEATH Month May Day 21 Year 1959 | | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH June 5, 1880 | 9. AGE (In years last birthday) 78 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired | | 10b. KIND OF BUSINESS OR INDUSTRY farmer | | 11. BIRTHPLACE (City and state or country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME R.G. Simmons | | 13b. MOTHER'S MAIDEN NAME Mrs L.A. Simmons | | 14. NAME OF HUSBAND OR WIFE Aris Simmons | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT Mrs Aris Simmons Address Forsyth, Mo | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal Obstruction, due to adhesions. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Adenocarcinoma, sigmoid colon DUE TO (c) Arteriosclerosis generalized PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1538 | | | | | | INTERVAL BETWEEN ONSET AND DEATH 10 yrs unk known 2 yrs. | |
| 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.) | | | | |
| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year | | | | | | | |
| 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 | |
| 21. I attended the deceased from Sept 1952 to 5/24/59 and last saw him alive on 5/24/59 Death occurred at 12:45 AM April 59 on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE W.C. Magness M.D. | | (Degree or title) | | 22b. ADDRESS Branson, Mo | | 22c. DATE SIGNED 5/28-59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE 5-24-59 | | 23c. NAME OF CEMETERY OR CREMATORY Lindley Praire Cemetery | | 23d. LOCATION (City, town, or county) (State) Dunnigan Springs, Mo | |
| 24. FUNERAL DIRECTOR W.S. Cobb | | ADDRESS Forsyth, Mo | | 25. DATE REC'D. BY LOCAL REG. 5/29/59 | | 26. REGISTRAR'S SIGNATURE Helen Campbell | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Walter S. Cobb

Licensed Embalmer No. 473

P. O. Address Longth...

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.