

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018021

FILED VS APR 29 1960 333

Registration District No. 3074 Primary Registration District No. 105 Registrar's No. 105

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scott				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston,		Length of stay in 1b 39yr.		c. CITY OR TOWN Sikeston.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 320 Luther St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 320 Luther St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle Wesley Last Simmons				4. DATE OF DEATH Month April Day 15 Year 1960				
5. SEX Male	6. COLOR OR RACE Colored	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3.25.1891	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months 0 Days 15	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXXXXX			10b. KIND OF BUSINESS OR INDUSTRY Common Labor		11. BIRTHPLACE (City and state or country) New Arbyney, Miss.		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Alex Simmons			13b. MOTHER'S MAIDEN NAME Annie Rodgers			14. NAME OF HUSBAND OR WIFE None		
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. No		17. INFORMANT King Simmons Address Sikeston, 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) Pneumonia							INTERVAL BETWEEN ONSET AND DEATH 1 week	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)						
20c. TIME OF INJURY Hour Month, Day, Year 								
20d. INJURY OCCURRED WHILE AT WORK <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 First Call after Death to her <input type="checkbox"/> him <input type="checkbox"/> alive on Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Stacy Rae Cropper (Degree or title)				22b. ADDRESS Sikeston Mo			22c. DATE SIGNED 4/20/60	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 4-24-60	23c. NAME OF CEMETERY OR CREMATORY Smith Westland West		23d. LOCATION (City, town, or county) (State) Sikeston, Mo.			
24. FUNERAL DIRECTOR Fred J. Smith ADDRESS Sikeston Mo.			25. DATE RECD. BY LOCAL REG. 4-22-60		26. REGISTRAR'S SIGNATURE Mrs. Edna Hunter			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 29 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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.