MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037399
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

24 MARKED AMENDED

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 82

FILED OCT 8 1962

VS 300
Rev. 4/59

1/060
2/060
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4 1
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bra nson — Length of stay in 1b: 1 month
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Skaggs Hosp. — Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Taney
c. CITY OR TOWN: Forsyth — Inside Limits: Yes ☐ No #
d. STREET ADDRESS (If outside, give location): Star route — Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print): First ARIS Middle M. Last SIMMONS
4. DATE OF DEATH: Month Oct. Day 1, Year 1962
5. SEX: Male
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed # Divorced ☐
8. DATE OF BIRTH: 5/22/74
9. AGE (last birthday): 88 — IF UNDER 1 YEAR: Months 4 Days 9 — IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: housekeeper
11. BIRTHPLACE (City and state or country): Dadeville, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: M.A.Holder
13b. MOTHER'S MAIDEN NAME: Elizabeth Leeper
14. NAME OF HUSBAND OR WIFE: none
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: Mrs Viva Goodart 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): Adeno Carcinoma, descending Colon — INTERVAL BETWEEN ONSET AND DEATH: 3-4 months
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 Sept 1952, to Oct 1-62 and last saw her alive on Oct, 1-62
Death occurred at 9 Am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W.C. Magnen. M.D.
22b. ADDRESS: Branson, Mo.
22c. DATE SIGNED: 10/6/62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 10/5/62
23c. NAME OF CEMETERY OR CREMATORY: Greenlawn
23d. LOCATION (City, town, or county) (State): Walnut Grove, Mo

24. FUNERAL DIRECTOR ADDRESS: Walter Cobb Branson, Mo
25. DATE RECD. BY LOCAL REG.: 10-6-62
26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

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 Walter Cobb

Signature of Student Embalmer

Licensed Embalmer No. 4731

P. O. Address Beaumont 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.