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JUL 18 1944

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21473

State File No. \_\_\_\_\_

Dr. H. I. Taylor

Registration District No. 273

Primary Registration District No. 3014

Registrar's No. 186

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City

(c) Name of hospital or institution St. Mary's Hospital  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether years, months or days)

In this community 16 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Dell Warden Simmons

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Pearl Simmons

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased August 1 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

45 10 12 hr. \_\_\_\_\_ min.

9. Birthplace Aurora Springs Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Cabin Camp Owner and operator

11. Industry or business \_\_\_\_\_

12. Name William Simmons

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Eizabeth Purl

15. Birthplace Morgan County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Michael D. Simmons

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date hereof June-15-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Shrop J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 6/16/44 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City, Missouri  
(If outside city or town limits, write "RURAL")

(d) Street No. 1800 East McCarty Street  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1944 hour 6 minute A M.

21. I hereby certify that I attended the deceased from May 16, 1944, to June 13, 1944; that I last saw him alive on June 13, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Duration 1 mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Myocardial Infarction  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature H. I. Taylor M.D. (Specify type of place) (e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_

(b) or other D

Address Jefferson City Mo Date signed 6-14-44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 3 1941

NOV 24 1941

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Thos J. Gordon*  
Licensed Embalmer No. *1786*

P. O. Address *Jefferson City 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 this body is not embalmed, fact should be so stated above.