

FILED MAR 5 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8085

Do not use this space. 107

1. PLACE OF DEATH

(a) County TEXAS Registration District No. 862
 (b) Township DEED PURDINE Primary Registration District No. 6135
 or
 (c) City CABOOL (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 80 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 65-1

2. PRINT FULL NAME

DAVID LEWIS SIMMONS
 (a) Residence, No. _____ St. _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) NANCY C SIMMONS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 7, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 4 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED FARMER

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation all of life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN

13. NAME LEWIS SIMMONS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

15. MAIDEN NAME MALINDA McCRACKEN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN

17. INFORMANT (ADDRESS) RUFUS SIMMONS CABOOL

18. BURIAL, CREMATION, OR REMOVAL PLACE CABOOL DATE JAN 15, 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles Bell Cabool Mo

20. FILED Jan 14, 1942 Mrs. Cloris Cunningham Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1942

22. I HEREBY CERTIFY, That I attended deceased from July, 1941, to Jan 14, 1942

I last saw him alive on Jan 13, 1942 Death is said

to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis

Date of onset

1940

Other contributory causes of importance:

1316

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1942

Where did injury occur? _____
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Dr. E. E. ... M. D.(Address) Cabool, Mo.

RECEIVED

District Health Officer No. 5,

District File Number. 242276

Date Filed _____

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

No Embalming

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8085
Registrar's No.

Registration District No. 862

Primary Registration District No. 6135

1. PLACE OF DEATH

(a) County Texas
(b) City or town Cabool
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas
(c) City or town Cabool
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

David J. Simon

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 7
(Month) (Day) (Year)

8. AGE: Years 89 Months 4 Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Feb 2 - 1942 (b) Mrs. Clovis Cunningham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day _____
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I personally saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____ (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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

[The page contains extremely faint and illegible text, likely a scan of a document with very low contrast or significant noise. The text is arranged in several columns and paragraphs, but no specific words or phrases can be discerned.]