

FILED JUN 26 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20010  
Registrar's No. 1757

Registration District No. 1

Primary Registration District No. 3000

1. PLACE OF DEATH: Adair  
(a) County  
(b) City or town: Kirksville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Laughlin Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 10 days  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: Shelby 102  
(c) City or town: Leonard  
(If outside city or town limits, write "RURAL")  
(d) Street No.:  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country:

3. (a) PRINT FULL NAME: Lacy Glenn Simmons  
(b) If veteran, name war:  
(c) Social Security No.: None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 20  
year 1947 hour 1:55 minute P: M.

4. Sex: Male  
5. Color or race: White  
6. (a) Single, widowed, married, divorced: Single  
6. (b) Name of husband or wife:  
6. (c) Age of husband or wife if alive: 23 years 1904

21. I hereby certify that I attended the deceased from June 11 1947 to June 20 1947  
that I last saw him alive on June 20 1947  
and that death occurred on the date and hour stated above.

7. Birth date of deceased: Aug. 23 1904  
(Month) (Day) (Year)

Immediate cause of death: Peritonitis  
Due to: Gastric Perforation

8. AGE: Years 42 Months 9 Days 27  
If less than one day hr. min.  
9. Birthplace: Novelty Missouri  
(City, town, or county) (State or foreign country)

Other conditions: (Includes pregnancy within 3 months of death)  
Major findings: Perforation of Pylorus  
Of autopsy: 129

10. Usual occupation: Farmer  
11. Industry or business:  
12. Name: Charles Robert Simmons  
13. Birthplace: Unknown Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name: Rosa Rose  
15. Birthplace: Unknown Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant: Arthur Dehner  
(b) Address: Novelty, Missouri  
17. (a) Removal: (b) Date thereof: 6/20/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Novelty Mo  
18. (a) Signature of funeral director: [Signature]  
(b) Address: Kirksville, Missouri  
19. (a) 6-21-47 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

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?  
While at work? (Specify type of place) (a) Means of injury: 2  
23. Signature: [Signature] (M. D. or other) Do.  
Address: Kirksville, Mo. Date signed: 6-21-47

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

8 1958  
MAY

RECEIVED  
District Health Officer No. 10  
District File Number 6-47-788  
Date Filed JUN 24 1947

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.....  
Kenneth Slavens, Registered Apprentice No. 418  
working under my personal supervision.

Signed *P. O. Riley*  
Licensed Embalmer No. 4181

P. O. Address Kirksville, 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.