

FILED APR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9234

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>3044</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>(Missouri)</u> b. COUNTY <u>Miller MO</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELDON MO.</u>		c. LENGTH OF STAY (in this place) <u>73 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELDON</u>		d. STREET ADDRESS (If rural, give location) <u>920 Colorado Ave. 10</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Elem</u> c. (Last) <u>Simmons</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>March 19 1949</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 13 1862</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR: Months <u>2</u> Days <u>3</u>	IF UNDER 6 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rail Road</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carman</u>		11. BIRTHPLACE (State or foreign country) <u>MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Scribner Simmons</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Pitchford</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Simmons</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Cora Simmons</u> ADDRESS <u>ELDON MO</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Prostatic Hypertrophy</u> DUE TO (c) <u>General debility and infirmities</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>H2O2</u>						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>no</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>March 16, 1949</u> , to <u>only</u> , 19____, that I last saw the deceased alive on <u>March 16</u> , 19 <u>47</u> , and that death occurred at <u>12:30 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robt. E. Murrell, D.O.</u>				23b. ADDRESS <u>ELDON MO</u>		23c. DATE SIGNED <u>20 March 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 20 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELDON Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>ELDON MO.</u>			
DATE REC'D BY LOCAL REG. <u>3-20-49</u>	REGISTRAR'S SIGNATURE <u>G.D. Walker, M.D. Deputy</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Kaye</u>		ADDRESS <u>ELDON MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 5 1949

Date Filed

District No.

No. 9

District

RECEIVED

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

working under my personal supervision.

Student
Student Embalmer

Signed *Keith M. Rays*
Licensed Embalmer No. *3958*

P. O. Address *Eldon 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.