

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20215

State File No.

76

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

61

BIRTH NO.		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>3041</u>		Registrar's No. <u>76</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Macon</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Macon</u>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>William</u>	b. (Middle) <u>S</u>	c. (Last) <u>Simmons</u>	(Month) <u>June</u>	(Day) <u>5</u>	(Year) <u>1949</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 14 1872</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	11. BIRTHPLACE (State or foreign country) <u>Macon Co. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John Simmons</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Halley</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie F. Simmons</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lillie F. Simmons</u>		ADDRESS <u>Macon</u>		
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>					<u>28 mo</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES					<u>unknown</u>	
	DUE TO (b) <u>arteriosclerosis</u>					<u>unknown</u>	
	DUE TO (c) <u>Hypertension arterial</u>					<u>unknown</u>	
	II. OTHER SIGNIFICANT CONDITIONS					<u>4201</u>	
Conditions contributing to the death but not related to the disease or condition causing death.	<u>Senility</u>						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>					
22. I hereby certify that I attended the deceased from <u>12-2</u> , 19 <u>47</u> , to <u>6-5</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-5</u> , 19 <u>49</u> , and that death occurred at <u>12:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature] M.D.</u>			23b. ADDRESS <u>Macon MO</u>			23c. DATE SIGNED <u>6-8-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-7-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kellog</u>		24d. LOCATION (City, town, or county) (State) <u>Northeast of Macon, MO</u>			
DATE REC'D BY LOCAL REG. <u>7-2-49</u>	REGISTRAR'S SIGNATURE <u>Ruth Mcneely</u>		185		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stephens & Golding, Macon</u>		

RECEIVED

District Health Officer No.

District File Number 7-49116

Date Filed JUL 1 1 1949

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
Student Embalmer

Signed A. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Memphis, 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.