

FILED NOV 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

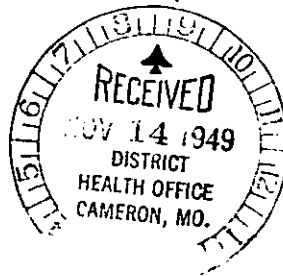
State File No. 36678

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 74

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

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>CLINTON</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>CLINTON 25</b>  |  |
| b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN <b>COMERON 1</b>   |  | c. LENGTH OF STAY (In this place) <b>69</b>   |  |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>COMERON 1</b>  |  | d. STREET ADDRESS (If rural, give location) <b>704 N. Wal. St 0</b>   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION                                   |  | d. STREET ADDRESS   |  |
| 3. NAME OF DECEASED (Type or Print) a. (First) <b>Samuel</b>   |  | b. (Middle) <b>H.</b> c. (Last) <b>SIMMONS</b>  |  |
| 4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 6 1949</b>   |  | 5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b>  |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED 1</b>  |  | 8. DATE OF BIRTH <b>APR. 23-1880</b>  |  |
| 9. AGE (In years last birthday) <b>69</b>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALES MAN</b>   |  |
| 11. BIRTHPLACE (State or foreign country) <b>Near CAMERON MO</b>   |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |  |
| 10b. KIND OF BUSINESS OR INDUSTRY <b>Roughly CO</b>  |  | 13a. FATHER'S NAME <b>SAMUEL SIMMONS</b>  |  |
| 13b. MOTHER'S MAIDEN NAME <b>Guiletta Hillman</b>  |  | 14. NAME OF HUSBAND OR WIFE <b>RUBY M. SIMMONS</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>                             |  | 16. SOCIAL SECURITY NO.   |  |
| 17. INFORMANT'S SIGNATURE OR NAME <b>Ruby M. Simmons</b>   |  | ADDRESS <b>CAMERON MO</b>   |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>   |  | INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>  |  |
| *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 <b>Arteriosclerosis</b>   |  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  | DUE TO (b) <b>Arteriosclerosis</b>  |  |
| DUE TO (c)   |  | DUE TO (c)  |  |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.               |  | 8 years   |  |
| 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)  |  |
| 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) (Min.)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  |
| 21f. HOW DID INJURY OCCUR?   |  | 22. I hereby certify that I attended the deceased from <b>Sept 5, 1948</b> , to <b>Nov 6, 1949</b> , that I last saw the deceased alive on <b>Nov 5, 1949</b> , and that death occurred at <b>6:35 a.m.</b> , from the causes and on the date stated above. |  |
| 23a. SIGNATURE <b>E. S. Compton</b> (Degree or title) <b>D.O.P.</b>  |  | 23b. ADDRESS <b>Camerton Mo</b>   |  |
| 23c. DATE SIGNED <b>Nov 7, 1949</b>  |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>   |  |
| 24b. DATE <b>Nov. 8-49</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>DeKalb Cemetery DeKalb Co.</b>  |  |
| 24d. LOCATION (City, town, or county) (State) <b>Mo</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Winfred W. Moser</b> ADDRESS <b>DeMoss CRUNK, CAMERON, MO</b>   |  |
| DATE REC'D BY LOCAL REG. <b>11-8-49</b>  |  | REGISTRAR'S SIGNATURE <b>390</b>  |  |



**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.

Signed Lawrence J. Thompson

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4735

P. O. Address CAMERON, 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.