

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42366

FILED DEC 26 1951

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5815 Registrar's No. 31

0700

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

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Haw Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Haw Creek tw</u>	
c. LENGTH OF STAY (In this place) <u>2 wks</u>		d. STREET ADDRESS (If rural, give location) <u>3m N.W. of Versailles Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GLENN</u> b. (Middle) <u>Williams</u> c. (Last) <u>SIMMONS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 16 - 1951</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>MAR 31 - 1896</u>		9. AGE (In years last birthday) <u>55</u>		10. MONTHS <u>8</u> DAYS <u>12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (State or foreign country) <u>IOWA</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>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>ABICE LEE SIMMONS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WAR I 1919</u>		16. SOCIAL SECURITY NO. <u>479-09-3201</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Glenn Williams</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs ABICE SIMMONS - Versailles, Mo</u>		17. INFORMANT'S ADDRESS <u>VERSAILLES, MO</u>	

18. CAUSE OF DEATH (Enter only the cause per line (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 hrs</u>	
II. ANTECEDENT CAUSES		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
III. DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	

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)		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 _____ 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm L. Ripperger</u> (Degree or title) <u>Coroner Morgan County</u>		23b. ADDRESS <u>Versailles, Mo</u>		23c. DATE SIGNED <u>Dec 17-51</u>	
--	--	------------------------------------	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec 17-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Spirit Lake Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Spirit Lake Iowa</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.S. Currell</u>		25. FUNERAL DIRECTOR'S ADDRESS <u>Versailles, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 19th 1951</u>		REGISTRAR'S SIGNATURE <u>Wm L. Ripperger</u>		912.	

RECEIVED 12-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12-26-51

JAN 21 1951

APR 23 1951

JAN 3 1958

JAN 7 1952

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 *H. T. Arnold*

Licensed Embalmer No. 1596

P. O. Address *Carroll, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Morgan } ss.

State File No. 42366
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 11th day of January, 1952, before me appears W. F. Kidwell, who, upon His oath, states that the original record of ~~###~~ death for Glenn W. Simmons, ^{died} Dec. 16th, 1950, in the State of Missouri, and which was filed at Stover, Mo. ~~###~~ on Dec 19, 1950, should be corrected as follows:

Item No. 14 should read Aileen M. Simmons

Instead of Alice Pugg Simmons

Item No. 17 should read Aileen M. Simmons

Instead of Alice Pugg Simmons

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

W. F. Kidwell
Affiant W. F. Kidwell Funeral Direc.
Relationship tor

Versailles, Missouri

Present Address.

Subscribed and sworn to before me this 11 day of January, 1952

My Commission expires MY COMMISSION EXPIRES 9-23-59 James M. Deenan Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.