

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17588

FILED MAY 19 1952

BIRTH NO. REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6007 Registrar's No. 1120

08-50  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST CHARLES</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Wentzville MO</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>WENTZVILLE 1920</b>	
c. LENGTH OF STAY (in this place) <b>1920-1952</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jackson Twp</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>OLEN</b>	b. (Middle) <b>EUGENE</b>	c. (Last) <b>SIMMONS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>5 11 52</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Aug 27-1918</b>	9. AGE (In years last birthday) <b>33</b>	IF UNDER 1 YEAR Months <b>0</b> Day <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Teacher</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>High School</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Adair County MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>George Simmons</b>	13b. MOTHER'S MAIDEN NAME <b>JENNIE MAY SULLIVAN</b>	14. NAME OF HUSBAND OR WIFE <b>WILMA MAXINE SIMMONS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>YES August 44</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>W.E. Roberts</b>	ADDRESS <b>Yarrow Mo</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart Failure caused from a blow in chest</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Automobile wreck</b>		
	DUE TO (b)		
	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 <b>OK</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 63</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Randolph MISSOURI</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 11 1952 4:30 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Automobile Accident</b>
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22. I hereby certify that I attended the deceased **about** 19 **52**, to **4:30**, 19 **52**, that I last saw the deceased alive on **5/11/52**, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <b>Thos. E. Bann 3 Coroner</b>	23b. ADDRESS <b>Madison Mo.</b>	23c. DATE SIGNED <b>May 11-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/16/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Union Temple</b>	24d. LOCATION (City, town, or county) (State) <b>Adair Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>5/16/52</b>	REGISTRAR'S SIGNATURE <b>Carroll</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul W. Riley</b>	ADDRESS <b>Rockwell Mo</b>
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JUL 1 1952

JUL 2 9 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 Ruth Collins

Licensed Embalmer No. 3632

P. O. Address Subville 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.