

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5638

State File No. _____

FILLED MAR 10 1954

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>EMONTAUCO</u>	
c. LENGTH OF STAY (In this place) <u>13 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>109 N 22nd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Memorial</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMER</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>SIMMONS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 21 1954 - 1954</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 2 - 1900</u>		9. AGE (In years last birthday) <u>53</u> Months <u>7</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work doing the most of working life, even if retired) <u>Tapir Cabbie</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tapir driver</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Scott Co. MO.</u>	
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles C. Simmons</u>		13b. MOTHER'S MAIDEN NAME <u>Blanch Hopson</u>	
14. NAME OF HUSBAND OR WIFE <u>Lorne Simmons</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>Lorne Simmons</u>		ADDRESS <u>Hayti, MO.</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>2nd + 3rd degree Burns of 75% body surface</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>E9160</u> <u>16</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hayti, Missouri, MO.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-25-54 10:15 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Home burned from explosion.</u>

22. I hereby certify that I attended the deceased from 2-25, 1954, to 2-26, 1954, that I last saw the deceased alive on 2-25, 1954, and that death occurred at 1:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. Ricketson, M.D.</u>	23b. ADDRESS <u>Hayti</u>	23c. DATE SIGNED <u>3-2-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-27-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hayti, MO.</u>
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DATE REC'D BY LOCAL REG. <u>3-3-54</u>	REGISTRAR'S SIGNATURE <u>John H. Gorman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge and Co. Caruthersville</u>	ADDRESS <u>2410</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

10. 300
10. 48

181
0

3-43-54

MAR 11 1954

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

MAR 23 1954

MAR 8 1954

21

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

Charles S. Mung

Licensed Embalmer No.

4877

P. O. Address

Caruthersville

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.