

FILED OCT 13 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30427

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 4229 Registrar's No. 79

1. PLACE OF DEATH  
a. COUNTY Howard  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE California b. COUNTY San Francisco

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural c. LENGTH OF STAY (In this place) 1 hour  
c. CITY OR TOWN San Francisco d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION \_\_\_\_\_ e. STREET ADDRESS (If rural, give location) 310 Flood Ave. 80408

3. NAME OF DECEASED a. (First) William b. (Middle) Lewis c. (Last) Simmons Jr. 4. DATE OF DEATH (Month) (Day) (Year) Sept 24 1954

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 8. DATE OF BIRTH July 26, 1954 9. AGE (In years last birthday) 1 Month 23 Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and State or Foreign Country) Oakland, California 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Lewis Simmons 13b. MOTHER'S MAIDEN NAME Remedios Atienza 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. Simmons - 310 Flood - San Franc

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, asthenia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Suppuration  
ANTECEDENT CAUSES accidental  
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 none E9240  
Conditions contributing to the death but not related to the disease or condition causing death. 18

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION none 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) New Franklin Howard Mo. (STATE) 045

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Sept 24, 1954, to Sept 24, 1954, that I last saw the deceased alive on Sept 24, 1954, and that death occurred at 11 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. J. Shaw, Jr. M.D. 23b. ADDRESS Lee Hosp., Fayette, Mo 23c. DATE SIGNED 9-24-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9/24/54 24c. NAME OF CEMETERY OR CREMATORY S. S. Peter & Paul 24d. LOCATION (City, town, or county) (State) Louisville, Kentucky

DATE REC'D BY LOCAL REG. 9-24-54 REGISTRAR'S SIGNATURE Mary K. Shell 436 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Thacker Boonville, Mo

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

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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.....  
Signature of Student Embalmer

Signed *Berry W. Shaeffer*.....

Licensed Embalmer No. *394*.....

P. O. Address *Boonville*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.