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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40263

State File No.

XC-11718316
RN-7748
BIRTH NO. FILED JAN 6 1955

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 3007

Registrar's No. 81

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY OR TOWN Sikeston	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 10 days		e. STREET ADDRESS (If rural, give location) 1003 / 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) JESSE	b. (Middle) J.	c. (Last) SIMMONS	4. DATE OF DEATH (Month) (Day) (Year) December 20, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 6, 1911	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 11 HRS. Hours	IF UNDER 11 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Candy Salesman	10b. KIND OF BUSINESS OR INDUSTRY Sales	11. BIRTHPLACE (City and State or Foreign Country) Marston, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM C. SIMMONS	13b. MOTHER'S MAIDEN NAME AGNES HILL	14. NAME OF HUSBAND OR WIFE MARY SIMMONS
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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) Yes WWII	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	ADDRESS
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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, asthma, 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) Rheumatic heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov. 10, 1954, to Dec. 20, 1954, that ~~death occurred~~ and that death occurred at 5:15p.m., from the causes and on the date stated above.

23a. SIGNATURE R. D. TURNER, M.D. (Degree or title)	23b. ADDRESS VA Hospital Poplar Bluff, Mo.	23c. DATE SIGNED 12-21-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-22-54	24c. NAME OF CEMETERY OR CREMATORY MOUNDS PARK	24d. LOCATION (City, town, or county) (State) NEW MADRID Co., MO
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DATE REC'D BY LOCAL HEALTH DEPT. 12/30/54	REGISTRAR'S SIGNATURE W. M. Misset Lee	25. FUNERAL DIRECTOR'S SIGNATURE Welsh Funeral Home - Sikeston Mo	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

1-4-55

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Raymond Crews*

Licensed Embalmer No. *3467*

P. O. Address *Gettysburg Pa*

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.