

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

State File No. **28942**

**FILED OCT 11 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **4564** Registrar's No. **81**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Ballinger</b>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Galma Wayne</b>	a. STATE <b>Mo.</b>	b. COUNTY <b>Ballinger</b>
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Galma Wayne</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>2090</b>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>JAMES</b>	b. (Middle) <b>EVERETT</b>	c. (Last) <b>SIMMERMAN</b>	(Month) <b>OCT</b>	(Day) <b>5</b>	(Year) <b>1955</b>
<b>5. SEX</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Single</b>	<b>8. DATE OF BIRTH</b> <b>JAN. 1, 1912</b>		<b>9. AGE</b> (In years last birthday) <b>43</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>None</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Galma, Mo.</b>	
<b>13a. FATHER'S NAME</b> <b>Jacob Simmerman</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Feltingbarger</b>		<b>14. NAME OF HUSBAND OR WIFE</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. William Ellison Greenbrier, Mo.</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Lobar Pneumonia</b>		DUE TO (b) <b>Recurrent chronic focal infection</b>			<b>2 days</b>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>490X</b>			<b>year</b>
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <b>Congenital fetal malformation</b>			
<b>19a. DATE OF OPERATION</b> <b>None</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>None</b>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from April 10, 1954, to October 3, 1955, that I last saw the deceased alive on October 5, 1955, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Everette L. Price D.O.</b>	<b>23b. ADDRESS</b> <b>Lutesville, Mo.</b>	<b>23c. DATE SIGNED</b> <b>10-6-55</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Oct 7, 1955</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Baber, Cam.</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Lutesville Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>Oct 7-1955</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Mrs. Buford Crader</b>	<b>520</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Baber Funeral Home Lutesville, Mo.</b>	<b>ADDRESS</b>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

2090

APR 12 1958

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 *T. E. Graham*

Licensed Embalmer No. *4010*

P. O. Address *Tuttsville*

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.