

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

3465

State File No. _____

FILED JAN 16 1956

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>	c. LENGTH OF STAY (in this place) <u>5 months</u>	c. CITY OR TOWN <u>Marshall</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbon hospital</u>		e. STREET ADDRESS (If rural, give location) <u>963 South Lafayette</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sterling</u> b. (Middle) <u>Price</u> c. (Last) <u>Simmons</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 9, 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 1st, 1886</u>
9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>8</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper County, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Medical Doctor, Board of health</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Ephraim Simmons</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza V. Williams</u>	14. NAME OF HUSBAND OR WIFE <u>Ruby DeWitt Simmons</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>513-30-1925</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs S.P. Simmons, Marshall, Mo.</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sept. 7, 1955</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial hypertension</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Diabetes mellitus 331X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 13, 1955, to Jan. 9, 1956, that I last saw the deceased alive on Jan. 9, 1956, and that death occurred at 2-40P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. A. Alden, M.D.</u>	23b. ADDRESS <u>Marshall, Mo.</u>	23c. DATE SIGNED <u>Jan. 10, 1956</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 12, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>

DATE REC'D BY LOCAL REG. <u>Jan 10 - 1956</u>	REGISTRAR'S SIGNATURE <u>Cecil G. Reed Deputy</u>	385	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Campbell-Lewis Marshall, Mo.</u>
--	--	-----	---

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

No. 300
10.48

JAN 8 1957

JAN 3 1957

JAN 6 1960

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..... *R.W. Campbell, Jr.*.....

Licensed Embalmer No. *346*.....

P. O. Address *Marshall*.....

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.