

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **34505**

FILED SEP 23 1957

Registration District No. **324** Primary Registration District No. **3072** Registrar's No. **172**

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Saline</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>                     |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marshall</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY OR TOWN <b>Rural</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Fitzgibbon Hospital</b> Length of stay in lb <b>13 Hrs.</b>   |  | d. STREET ADDRESS (If outside, give location) <b>3 Mi west Nelson, Mo.</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print) <b>Viki Nisky Niki Nisky Simmons</b> First Middle Last   |  | 4. DATE OF DEATH <b>Sept. 15 1957</b> Month Day Year  |  |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>      | 8. DATE OF BIRTH <b>Sept. 14-1957</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>  | 11. BIRTHPLACE (City and state or country) <b>Marshall, Missouri</b>                                       |
| 13. FATHER'S NAME <b>W. J. Simmons</b>   |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>   |  | 14. MOTHER'S MAIDEN NAME <b>Wanda Parker</b>  |  |
| 16. SOCIAL SECURITY NO. <b>None</b>  |  | 17. INFORMANT <b>W. J. Simmons-Nelson</b> Address <b>Missouri R. 1</b>  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Asphyxia Neonatorum</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____<br>DUE TO (c) _____ |  |   | INTERVAL BETWEEN ONSET AND DEATH   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  |  |   | 19. WAS AUTOPSY PERFORMED? <b>0</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)           |   |  |
| 20c. TIME OF INJURY Hour. Month, Day, Year a. m. p. m.   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   |  |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION   | COUNTY  | STATE  |
| 21. I attended the deceased from <b>9-14-57</b> to <b>9-15-57</b> and last saw <sup>her</sup> him alive on <b>9-15-57</b><br>Death occurred at <b>2:50</b> <sup>A</sup> m on the date stated above; and to the best of my knowledge, from the causes stated.                                     |  |   |  |
| 22a. SIGNATURE <b>James A. Reid</b> (Degree or title) <b>MA</b>  |  | 22b. ADDRESS <b>Marshall Mo.</b>  | 22c. DATE SIGNED <b>9-16-57</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  | 23b. DATE <b>9/17/57</b>   | 23c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park</b>  | 23d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>                                    |
| 24. FUNERAL DIRECTOR <b>J. Leslie Sweeney-Marshall, Mo.</b> ADDRESS  |  | 25. DATE RECD. BY LOCAL REG. <b>9-16-57</b>   | 26. REGISTRAR'S SIGNATURE <b>Cecil J. Reid</b>   |

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *not embalmed - packed in fluid* Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....*J. Leslie Swanson*

Licensed Embalmer No. *3*

P. O. Address *Merano*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.