

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009382  
State File No.

FILED APR 15 1958

BIRTH NO.		REG. DIST. NO. 100	PRIMARY REG. DIST. NO. 5383	Registrar's No. 32
1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dent c. CITY OR TOWN Jadwin d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
b. CITY (If outside corporate limits, write RURAL and give township) TOWN rural Gladden typ		c. LENGTH OF STAY (in this place) 71 yrs		
d. FULL NAME OF HOSPITAL OR INSTITUTION Cedar Grove rt		e. STREET ADDRESS (If rural, give location) Cedar Grove rt		
3. NAME OF DECEASED (Type or Print) a. (First) Elliott b. (Middle) Monroe c. (Last) Simmons		4. DATE OF DEATH April 9 1958		
5. SEX male <input checked="" type="checkbox"/>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 4 1886	9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY general	11. BIRTHPLACE (City and State or Foreign Country) Dent Co Mo	12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME John F Simmons		13b. MOTHER'S MAIDEN NAME Phelena Cage	14. NAME OF HUSBAND OR WIFE Mabel Simmons	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war & dates of service) No		16. SOCIAL SECURITY NO. 488 44 4164A	17. INFORMANT'S SIGNATURE OR NAME Mrs Mabel Simmons	
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMA of the Bronchus (Primary) 1 1/2 yrs DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 1956, to April 9, 1958, that I last saw the deceased alive on April 5, 1958, and that death occurred at 6 A. m., from the causes and on the date stated above.				
23a. SIGNATURE B. S. Bass		(Degree or title) M.D.	23b. ADDRESS Salem Mo.	23c. DATE SIGNED 4/11/58
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 4-11-58	24c. NAME OF CEMETERY OR CREMATORY Jadwin Cem	24d. LOCATION (City, town, or county) (State) Jadwin Dent Co Mo	
DATE REC'D BY LOCAL REG. 4/11/58	REGISTRAR'S SIGNATURE M. M. Nash, M. D.	25. FUNERAL DIRECTOR'S SIGNATURE Charles J. ...		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.....  
*Carl H. Spurr*

Licensed Embalmer No. *237*

P. O. Address *Dalton*

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.