

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021775  
STATE FILE NUMBER

FILED JUL 8 1958 Registration District No. 144 Primary Registration District No. 4235 Registrar's No. 63

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Iron</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Iron</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Annapolis</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Annapolis, Mo.</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                     |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION        |  | Length of stay in 1b<br><b>0</b>  | d. STREET ADDRESS (If outside, give location)<br><b>General Delivery</b><br>Reside on Form<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |                                  |   |  |  |   |
|---|----------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Charles</b> Middle <b>Robert</b> Last <b>Simmons</b>                      |                                  |   | 4. DATE OF DEATH<br>Month <b>6</b> Day <b>28</b> Year <b>58</b>      |  |   |
| 5. SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>II/30/1884</b>                                |  | 9. AGE (In years last birthday)<br><b>73</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Labor</b>               |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>General Work</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Mill Creek, Mo.</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
| 13. FATHER'S NAME<br><b>Joseph Simmons</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Mary Pruitt</b>                       |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> |                                  | 16. SOCIAL SECURITY NO.<br><b>486-16-3332</b>   | 17. INFORMANT<br><b>Ass Lewis Annapolis, Mo</b><br>Address           |  |   |

|  |  |                                  |
|--|--|----------------------------------|
| 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>Drowning</b> |  | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) _____<br>DUE TO (c) _____             |  |                                  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)                 |  | <b>975 X</b>                     |

|  |  |   |
|--|--|---|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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<br>Hour _____<br>a. m. _____<br>p. m. _____  |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **II 30 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

|  |                                     |                                    |
|--|-------------------------------------|------------------------------------|
| 22a. SIGNATURE<br><b>C.A. Howell</b> (Degree or title)<br><b>Coroner</b> | 22b. ADDRESS<br><b>Ironton, Mo.</b> | 22c. DATE SIGNED<br><b>6.30/58</b> |
|--|-------------------------------------|------------------------------------|

|  |                              |   |  |
|--|------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b> | 23b. DATE<br><b>7/1/1958</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Little Vine Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Mill Creek Mo.</b> |
| 24. FUNERAL DIRECTOR<br><b>C.A. Howell Ironton Mo</b>      |                              | 25. DATE RECD. BY LOCAL REG.<br><b>7-1-58</b>                     | 26. REGISTRAR'S SIGNATURE<br><b>Mrs. Aris Jones</b>                    |

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
300 1-56  
All 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  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

JUL 1 1958

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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 *C. A. Howell*

Licensed Embalmer No. *36*

P. O. Address *Horton*

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.