

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043889

STATE FILE NUMBER

FILED DEC 30 1958

Registration District No. 138 Primary Registration District No. 5529 Registrar's No. 54

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wheatland-Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Wheatland-Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 1/2 M. E. Wheatland</u>		Length of stay in lb <u>12 YEARS</u>	d. STREET ADDRESS (If outside, give location) <u>2 1/2 M. E. Wheatland</u>
3. NAME OF DECEASED (Type or print) First <u>Paul</u> Middle <u>Harold</u> Last <u>Simmons</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>22</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 15-1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILWAY EXPRESS</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>66</u>
11. BIRTHPLACE (City and state or country) <u>Boonville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Elisha Douglas Simmons</u>		13b. MOTHER'S MAIDEN NAME <u>Kate Lucinda McGuire</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Anis 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>NONE</u>	17. INFORMANT <u>Anis Simmons - Wheatland, Mo</u>
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>apoplexy of Brain</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>334X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 Hours</u> <u>years</u>
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 _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm,actory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Dec 20, 1958</u> , to <u>Dec 22, 1958</u> and last saw her/him alive on <u>Dec 21, 1958</u> Death occurred at <u>4:35</u> <u>A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. C. Briggs, D.O. 2</u>		22b. ADDRESS <u>Wheatland, Mo</u>	22c. DATE SIGNED <u>12-23-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Dec-24-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crutinger Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Hickory, Mo.</u>
24. FUNERAL DIRECTOR <u>Hubert Pathway</u>		ADDRESS <u>Wheatland, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 23-1958</u>
		26. REGISTRAR'S SIGNATURE <u>May Johnson</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 5 1959

JAN 8 1959

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 *Chas. Gilbert Hathaway* .....

Licensed Embalmer No. *4267* .....

P. O. Address *Westland, Mo.* .....

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.