Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004621
STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 212

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): R. R. #3 — Length of stay in 1b: 52 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): R. R. #3 — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: CLARENCE Middle: HENRY Last: SIMMONS

4. DATE OF DEATH: Month Day Year: Feb. 23, 1959

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: March 14, 1877
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Timkeeper
10b. KIND OF BUSINESS OR INDUSTRY: Post Office
11. BIRTHPLACE (City and state or country): Stanberry, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: James Simmons
13b. MOTHER'S MAIDEN NAME: Pauline unknown
14. NAME OF HUSBAND OR WIFE: Blanche

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: James Simmons, Address: R.R. #3, St. Joseph, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Valvular Heart Lesion — INTERVAL BETWEEN ONSET AND DEATH: Three Weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteso-Sclerosis — 6 years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4500

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 June 10-1954 to Feb 23-1959 and last saw him alive on Feb. 23. 1959
Death occurred at 4:50p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. G. Swails (Degree or title) M.D.
22b. ADDRESS: Wathena Kansas
22c. DATE SIGNED: 2-25-59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 2/27/1959
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph Mo.

24. FUNERAL DIRECTOR: Heton-Bowman ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Feb. 26, 1959
26. REGISTRAR'S SIGNATURE: Mrs. Clark Hardell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
Dr. John G. Swails
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 9 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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 South St.

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.