

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 20 1960

352

Primary Registration District No.

Registrar's No.

47

-60-025542
STATE FILE NUMBER

| | | | |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Taney | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kissee Mills | | Length of stay in 1b 1 day | c. CITY OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bull Shoals Lake | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1652 E. Lombard Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First ELTON Middle EUGENE Last SIMMONS | | | 4. DATE OF DEATH Month June Day 3 Year 1960 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6/21/1915 |
| 9. AGE (last birthday) 44 | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gas Station Attendant | | 10b. KIND OF BUSINESS OR INDUSTRY Service Station Arcola, Missouri | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME Thomas Simmons | | 13b. MOTHER'S MAIDEN NAME Bertha Taylor | 14. NAME OF HUSBAND OR WIFE Chloe R. Simmons |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 488-16-4502 | 17. INFORMANT Chloe R. Simmons, Springfield, Missouri |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning, Accidental falling into lake epileptic seizure DUE TO (b) falling into lake DUE TO (c) epileptic seizure PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH instant |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input checked="" 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.) had epileptic seizure and fell into lake |
| 20c. TIME OF INJURY 6:30 ^{instant} _# 6-3-60 ^{11:00} _# 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.) Bull Shoals Lake | | 20f. CITY, TOWN, OR LOCATION Kissee Mills | COUNTY Taney STATE Missouri |
| 21. I attended the deceased from never to never and last saw her never alive on never Death occurred at 6:00 P. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Walter Cobb Carmon Tony G</i> | | 22b. ADDRESS <i>Greene, Mo</i> | 22c. DATE SIGNED 6-5-60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6-6-60 | 23c. NAME OF CEMETERY OR CREMATORY Gum Springs Cemetery | 23d. LOCATION (City, town, or county) (State) Arcola, Mo |
| 24. FUNERAL DIRECTOR 1200 Boonville Avenue Ralph Thieme, Springfield, Missouri | | 25. DATE RECD. BY LOCAL REG. 6-14-60 | 26. REGISTRAR'S SIGNATURE <i>John Smith</i> |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 3 1960

JUN 28 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold Fittrell

Licensed Embalmer No. 50 79

P. O. Address Spfld, Va

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.