

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 12 1960

=60-026368

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 140 STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY Dunklin | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dunklin | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett | | Length of stay in 1b 2 yrs. | c. CITY OR TOWN Kennett Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin Memorial Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1017 N. Baldwin Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Dwight Middle _____ Last Simmons | 4. DATE OF DEATH Month June Day 29 Year 1960 |
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| 5. SEX Male | 6. COLOR OR RACE Colored | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4-26-1958 | 9. AGE (last birthday) 2 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX | 10b. KIND OF BUSINESS OR INDUSTRY XX | 11. BIRTHPLACE (City and state or country) Kennett Mo. | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Willie Simmons | 13b. MOTHER'S MAIDEN NAME Loutellia Roland | 14. NAME OF HUSBAND OR WIFE XX |
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| 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. None | 17. INFORMANT Willie Simmons Address Kennett Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental poisoning by Veratrum Viride | | INTERVAL BETWEEN ONSET AND DEATH 1 hour |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 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.) Child accidentally swallowed drug |
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| 20c. TIME OF INJURY 7:30 Hour a.m. p.m. | Month, Day, Year 6-29-60 |
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| 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.) Home | 20f. CITY, TOWN, OR LOCATION Kennett, Dunklin, Missouri | COUNTY Dunklin | STATE Missouri |
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| 21. I attended the deceased from 6-29-60 to 6-29-60 and last saw him alive on 6-29-60 Death occurred at 8.30 P. m on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Deceased or title) <i>Quinton Tarver</i> Quinton Tarver Coroner | 22b. ADDRESS Kennett Mo. | 22c. DATE SIGNED 7-6-60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 7-1-60 | 23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery | 23d. LOCATION (City, town, or county) (State) Kennett Mo. |
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| 24. FUNERAL DIRECTOR Lentz Service | ADDRESS Kennett Mo. | DATE RECD. BY LOCAL REG. July 6-1960 | 24. REGISTRAR'S SIGNATURE <i>Earl H. ...</i> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 15 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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address Kennett 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.