FILED VS NOV 9 1960

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-038780
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 177

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City — Length of stay in 1b: 9 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chinn Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Jasper
c. CITY OR TOWN Webb City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 707 N. Main St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Hiram Middle: B. Last: Simkins
4. DATE OF DEATH Month: October Day: 30, Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2-25-1865
9. AGE (last birthday): 95 — 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): Saw Mill Operator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Ill
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William M. Simkins
13b. MOTHER'S MAIDEN NAME: Lydia Roath
14. NAME OF HUSBAND OR WIFE:
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.:
17. INFORMANT: Wm. B. Simkins, Address: Boles, Arkansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Neurocirculatory Collapse	1 minute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Adrenal Insufficiency	4 hours
DUE TO (c)	Extensive Burns	25 hours

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shirt sleeve ignited on gas stove.
20c. TIME OF INJURY Hour: 9:45 a.m. p.m. Month, Day, Year: 10-29-60
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.): In home
20f. CITY, TOWN, OR LOCATION: Webb City, COUNTY: Jasper, STATE: Missouri

21. I attended the deceased from 10-29-60 to 10-30-60 and last saw him alive on 10-30-60
Death occurred at 10:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: O. Gregory (Degree or title) D.O.
22b. ADDRESS: Webb City, Mo.
22c. DATE SIGNED: 10-31-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-31-60
23c. NAME OF CEMETERY OR CREMATORY: Chant Cemetery
23d. LOCATION (City, town, or county) (State): Waldron, Arkansas

24. FUNERAL DIRECTOR: Johnston-Simpson Mortuary ADDRESS: Webb City, Mo.
25. DATE RECD. BY LOCAL REG.: 10-31-60
26. REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

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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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack C. Simpson

Licensed Embalmer No. 44

P. O. Address Webb City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.