

FILED MAY 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17557

BIRTH NO. _____		REG. DIST. NO. 222		PRIMARY REG. DIST. NO. 4593		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Moniteau <i>Moniteau Twp.</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, South Moniteau				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____			
c. LENGTH OF STAY (In this place) Life				d. STREET ADDRESS (If rural, give location) 1 Mile East Clarksburg			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 Mile East, Clarksburg				4. DATE OF DEATH (Month) (Day) (Year) May, 21, 1950			
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle) Edgar		c. (Last) Simmers	
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single <input type="radio"/>		8. DATE OF BIRTH 5/27/1925		9. AGE (In years last birthday) 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Clarksburg, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edgar Simmers			13b. MOTHER'S MAIDEN NAME Scythia Jobe			14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War #2		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edgar Simmers, Clarksburg, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of head INTERVAL BETWEEN ONSET AND DEATH Death instantaneous II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at farm home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clarksburg Moniteau Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 21 1950 7pm.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Suicide			
22. I hereby certify that I attended the deceased from death , 19____, to first seen , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30Pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Kennison Latham M.D. Cozner				23b. ADDRESS California, Mo		23c. DATE SIGNED 5-22-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/23/50		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) (State) Clarksburg, Mo	
DATE REC'D BY LOCAL REG. 5-23-50		REGISTRAR'S SIGNATURE Birdie Sturgis		FUNERAL DIRECTOR'S SIGNATURE James E. Richards		ADDRESS Lipton Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

District File Number

District Health Officer No. 9

5-24-52

RECEIVED

1951

JUN 1

1951

4 NOV

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 Student Embalmer

Signed

James E. Richard

Licensed Embalmer No.

2466

P. O. Address

Lipton M

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 this body is not embalmed, fact should be so stated above.