

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6745

FILED FEB 17 1950

State File No.

| | | | | | | | |
|---|----------------------------------|---|--|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 1181 | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo. | | c. LENGTH OF STAY (in this place) 2 1/2 mo. | | c. CITY (If outside corporate limits, write RURAL and give township) California | | 0681 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hosp. | | | | d. STREET ADDRESS (If rural, give location) 1 | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Bryan | | b. (Middle) Hickman | | c. (Last) Simmons | |
| 4. DATE OF DEATH | | (Month) Feb. | | (Day) 6 | | (Year) 1950 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Jan. 18, 1897 | | 9. AGE (In years last birthday) 53 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY R. R. Signalman | | 11. BIRTHPLACE (State or foreign country) Clarksburg, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME Jim Simmons | | 13b. MOTHER'S MAIDEN NAME Sarah Wilson | | 14. NAME OF HUSBAND OR WIFE Helen P. Simmons | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. Nil | | 17. INFORMANT'S SIGNATURE OR NAME Helen P. Simmons, California, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lipo-sarcoma, widespread throughout abdomen & metastases. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastases. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION 11/2/49 | | 19b. MAJOR FINDINGS OF OPERATION Inoperable tumor, widespread | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1997 | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 11 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Oct. 20, 1949 , to Feb. 6, 1950 , that I last saw the deceased alive on Feb. 3, 1950 , and that death occurred at 2:30 A. M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE L. F. Whimbler | | (Degree or title) M.D. | | 23b. ADDRESS Missouri Pacific Hosp. | | 23c. DATE SIGNED 2/6/50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1-6-50 | | 24c. NAME OF CEMETERY OR CREMATORY California, Missouri | | 24d. LOCATION (City, town, or county) (State) | |
| DATE REC'D BY LOCAL REG. FEB 6 1950 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe | | | |
| | | | | ADDRESS 4700 Washington | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 22 1950

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

William J. Lohr

Licensed Embalmer No. 4699

P. O. Address St. Charles 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 this body is not embalmed, fact should be so stated above.