S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24547

Registration District No. 214

Primary Registration District No. 5294

Registrar's No. 10

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Russellville, No rural Moreau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Miss ouri (b) County Cole
(c) City or town Russellville, No rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ivy Cordell Simmons
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Shrilda
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 1st. April 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	8	1	hr. min.

9. Birthplace Russellville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business Farmer
FATHER 12. Name James Simmons
13. Birthplace No Record (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Eliza Shikles
15. Birthplace No Record (City, town, or county) (State or foreign country)
16. (a) Informant Daniel Simmons
(b) Address Russellville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec.4th,1940 (Month) (Day) (Year)
(c) Place: burial or cremation Campbell Cem.
18. (a) Signature of funeral director G.W.Steffens
(b) Address Russellville, Mo.
19. (a) 12/4/40 (Date received by registrar) (b) Miss Mabel Bass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2nd. year 1940 hour 6 minute 15 P. M.
21. I hereby certify that I attended the deceased from 19, to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to Chronic Myocardial degeneration	
Due to Cardio - Renal Syndrome	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. E. W. Eberhart (M. D. or other) D O
Address Russellville, Mo Date signed 12/4/40

(Licensed Embalmer's Statement on Reverse Side)

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

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, [redacted]

Roy Steffens, Registered Apprentice No.

working under my personal supervision.

Signed Roy Steffens

Licensed Embalmer No. 4022

P. O. Address Russellville

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, above space should be left blank.