

FILED MAY 6 1965

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124 69 0016676

CERTIFICATE OF DEATH

Registration District No. 225

Primary Registration District No. 4335

Registrar's No. 7

DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68

DECEASED—NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. William Edward Simmers								2 Male	3 April 30, 1969		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4. White		5b. 78		5c. — MOS. — DAYS —		5d. — HOURS — MIN. —		6 July 19, 1890		7a. Moniteau	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)							
7b. Tipton, Mo.		7c. Yes		7d. West Cooper St.,							
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)					
8. Missouri		9. USA		10. Married		11. Katherine Verlinden					
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY							
12. 487-03-9290		13a. Retired, Mining Engr.		13b. Engineering							
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER			
14a. Missouri		14b. Moniteau		14c. Tipton		14d. Yes		14e. West Cooper St.			
FATHER—NAME		FIRST		MIDDLE		LAST		MOTHER—MAIDEN NAME			
15. Elmer						E. Simmers		16. Lillie Jane Reynolds			
INFORMANT—NAME		MAILING ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)							
17a. Mrs. Katherine Simmers		17b. W. Cooper St., Tipton, Mo. 65081									
PART I. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		18a. Coronary Occlusion								Several minutes	
DUE TO, OR AS A CONSEQUENCE OF:		18b. Atherosclerosis & Coronary Lt. dis.									
DUE TO, OR AS A CONSEQUENCE OF:		18c.									
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (D), STATING THE UNDERLYING CAUSE LAST		19. Valvular disease of heart.									
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (D)		AUTOPSY (YES OR NO)								IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
20a. no		19a. no								19b. —	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)					
20b. no		20c. —		20d. —		20e. —					
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION		(STREET OR R.F.D. NO., CITY OR TOWN, STATE)					
20a. —		20b. —		20c. —		20d. —					
CERTIFICATION—PHYSICIAN:		MONTH		DAY		YEAR		AND LAST SAW HIM/HER ALIVE ON		I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. I ATTENDED THE DECEASED FROM		21b. TO		21c. MONTH		21d. DAY		21e. YEAR		21f. HOUR	21g. 11:45 A
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		MONTH		DAY		YEAR	
22a.		22b.		22c.		22d.		22e.		22f.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)					
23a. E.O. Skelton MD		23b. E.O. Skelton MD		23c. M.D.		23d. May 2 1969					
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP			
23a. 620 Maple, Eldon Mo.		23b. Eldon Mo.		23c. Mo.		23d. 65026		23e.			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN					
24a. Burial		24b. California Masonic		24c. California, Mo.		24d.					
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP							
24d. May 3, 1969		24e. Conn Funeral Home, Margaret Miller St., Tipton, Mo. 65081		24f.		24g.					
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR							
25a. Richard B. Conn, Jr. #2092		25b. Mrs. Maude Hudson		25c. May 3, 1969		25d.					

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

6801 - 8 AMM

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 _____
Signature of Student Embalmer

Signed Richard D. Conner

Licensed Embalmer No. 4703

P. O. Address Joplin, 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.