

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13364

State File No.

FILED MAY 4 1953 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 490

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 12 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If rural, give location) 1533 7th Ave. 0			
3. NAME OF DECEASED (Type or Print) GERALD			a. (First) b. (Middle) c. (Last) SIMERLY		4. DATE OF DEATH (Month) (Day) (Year) April 12 1953
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 0	8. DATE OF BIRTH Oct. 10, 1939	9. AGE (In years last birthday) 13	# UNDER 1 YEAR Months Days # UNDER 1 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Elementary School		11. BIRTHPLACE (State or foreign country) Maryville Missouri 0	
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Chester Simerly		13b. MOTHER'S MAIDEN NAME Carrie McMackin	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Chester Simerly		ADDRESS St. Joseph, 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) Dilatation of Heart ANTECEDENT CAUSES Hypertrophy of Heart Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 1 2
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 3-16 1953 to 4-12 1953, that I last saw the deceased alive on 4-12 1953, and that death occurred at 10:35 A. m., from the causes and on the date stated above.					
23a. SIGNATURE <i>[Signature]</i> (Degree or title) O M D			23b. ADDRESS 3017 8, St Joseph Mo.		23c. DATE SIGNED 4-27-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 14 1953		24c. NAME OF CEMETERY OR CREMATORY Guilford Cemetery	
24d. LOCATION (City, town, or county) Guilford Missouri		24e. (State)			
DATE REC'D BY LOCAL REG. April 30, 1953		REGISTRAR'S SIGNATURE <i>[Signature]</i> 485		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS St Joseph Mo.	

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.....

working under my personal supervision.

Student Embalmer No.....

Signed..... *Charles E Bennett*

Signed.....
Student Embalmer

Licensed Embalmer No. *4677*

P. O. Address *St Joseph Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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