

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5824

State File No. ....

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 6

0920  
1

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

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wentzville <i>Emmett</i>	c. LENGTH OF STAY (In this place) 8 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wentzville 0920	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Vance	b. (Middle) Paul	c. (Last) Simmons	4. DATE OF DEATH (Month) (Day) (Year) Feb. 8 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nove. 4, 1905	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR (Months) 3	IF UNDER 1 YEAR (Days) 4	IF UNDER 24 HRS. (Hours) 0	IF UNDER 24 HRS. (Mins.) 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator	10b. KIND OF BUSINESS OR INDUSTRY Factory Work	11. BIRTHPLACE (City and State or Foreign Country) Maysville, Georgia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Benjamin Simmons	13b. MOTHER'S MAIDEN NAME Don't Know	14. NAME OF HUSBAND OR WIFE Frohne Simmons
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes U.S. Navy 1930-33	16. SOCIAL SECURITY NO. 546-01-2689	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frohne Simmons, Wentzville, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxic hepatitis	DUE TO (b) Respiratory virus infection	2 weeks
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3 weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 27, 1954 to Feb. 8, 1954, that I last saw the deceased alive on Feb. 8, 1954, and that death occurred at 10:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H.C. Mc Murray M.D.	23b. ADDRESS Wentzville, Mo.	23c. DATE SIGNED 2/9/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 11, 1954	24c. NAME OF CEMETERY OR CREMATORY Linn Cemetery	24d. LOCATION (City, town, or county) (State) Wentzville Mo.
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DATE REC'D BY LOCAL REG. FEB 15 1954	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T.F. Pitman Funeral Home Wentzville Mo.
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MAR 18 1954

**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 Amatta M. Titman

Licensed Embalmer No. 3055

P. O. Address Wentzville, 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.