

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019858
State File No.

FILED JUN 11 1958

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5540

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2715 Stoddard St.		d. STREET ADDRESS 2715 Stoddard St.					
3. NAME OF DECEASED (Type or Print) a. (First) CALVIN		b. (Middle) KIMMONS		c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) May 23, 1958		5. SEX MALE		6. COLOR OR RACE NEGRO			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 6, 1920		9. AGE (In years last birthday) 37			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Oxford, Mississippi			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Earl Kimmons		13b. MOTHER'S MAIDEN NAME Irene Houston			
14. NAME OF HUSBAND OR WIFE Mary		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. 427-26-677			
17. INFORMANT'S SIGNATURE OR NAME Gaston Conchu		17. ADDRESS 2030 Howard St.					
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* Massive Intra Thoracic Hemorrhage Contrib: Penetrating stab wound of heart, suffered when stabbed with knife in the hands of one Gabriel Payton. II. OTHER SIGNIFICANT CONDITIONS see above at 2715 Stoddard St. about 9:10 pm, May 23rd 1958.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E982x		20. AUTOPSY? / YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Stab wound		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) St. Louis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 2358 9p		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:15 pm., from the causes and on the date stated above.							
23a. SIGNATURE Deputy Registrar		23b. ADDRESS 1300 CLARK AVE.		23c. DATE SIGNED 5/27/58			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 5-30-58		24c. NAME OF CEMETERY OR CREMATORY Batesville, Mississippi			
24d. LOCATION (City, town, or county) (State) Batesville, Mississippi		25. FUNERAL DIRECTOR'S SIGNATURE Dent Funeral Home		ADDRESS 3404 Delmar Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

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.....

Leroy H. Sammiatu

Licensed Embalmer No. *4523*

P. O. Address *4251 Washington*

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.