

**CERTIFICATE OF DEATH - STANDARD**

**-60-009241**

FILED VS MAR 10 1960 3/17

Registration District No. \_\_\_\_\_ Primary Registration District No. 547 Registrar's No. 585

STATE FILE NUMBER

BY AFFIDAVIT OF Informant  
 MEDICAL CERTIFICATION  
 DOCUMENT Memb. Royal Neighbors of Amer. 1917

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RICHMOND HEIGHTS</u>		Length of stay in 1b <u>?</u>		c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSP.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5306 ORIOLE</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Middle Last <u>BERTHA FITZ-SIMMONS DACE</u>				4. DATE OF DEATH Month Day Year <u>FEB. 19 1960</u>										
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>JAN 25 1883</u> <u>JAN 25 1873</u>		9. AGE (last birthday) <u>77</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and state or country) <u>SULLIVAN, MO.</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>						
13a. FATHER'S NAME <u>SMITH JACKSON</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH MERCER</u>			14. NAME OF HUSBAND OR WIFE <u>DACE</u>								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT Address <u>MRS WILMA PARSONS 1711 GLENCHORT DR</u>									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH				
IMMEDIATE CAUSE (a) <u>mesenteric thrombosis</u>										<u>3 days</u>				
DUE TO (b) <u>arteriosclerosis</u>														
DUE TO (c) <u>450.0</u>														
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.														
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY			STATE		
21. I attended the deceased from <u>2-9-60</u> , to <u>2-19-60</u> and last saw her/him alive on <u>2-19-60</u> Death occurred at <u>3:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE (Degree or title) <u>H. K. Purcell M.D.</u>						22b. ADDRESS <u>4660 Maryland</u>						22c. DATE SIGNED <u>2-19-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>FEB. 23, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT. LEBANON CEM.</u>				23d. LOCATION (City, town, county) <u>ST. LOUIS, MO.</u>				(State) <u>Mo.</u>		
24. FUNERAL DIRECTOR <u>H. M. EATON, SULLIVAN, MO.</u>				25. DATE RECD. BY LOCAL REG. <u>2-21-60</u>		26. REGISTRAR'S SIGNATURE <u>John G. Murphy M.D.</u>								

**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 Harrison J. Eaton

Licensed Embalmer No. 5066

P. O. Address Sullivan

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.