

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010505

FILED VS MAR 17 1960

STATE FILE NUMBER

Registration District No. 111. Primary Registration District No. 5427 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>FRANKLIN</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>PACIFIC R. 2</b>		Length of stay in 1b <b>12 yrs.</b>		c. CITY OR TOWN <b>PACIFIC</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>PACIFIC Mo R2</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3 1/2 mi. WEST OF PACIFIC, Hwy. 66</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>M.</b> Last <b>Simmons</b>				4. DATE OF DEATH Month <b>MARCH</b> Day <b>3</b> Year <b>1960</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>SEP. 19, 1929</b>	9. AGE (last birthday) <b>39</b>	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) <b>AUTO BODY MAN</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>SUBURBAN MOTORS KIRKWOOD, AUTO</b>		11. BIRTHPLACE (City and state or country) <b>CARTHAGE, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>	
13a. FATHER'S NAME <b>CHARLES Simmons</b>			13b. MOTHER'S MAIDEN NAME <b>ADA MARIE CASE</b>			14. NAME OF HUSBAND OR WIFE <b>LUCILLE SIMMONS</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>499-14-8579</b>		17. INFORMANT <b>LUCILLE SIMMONS, PACIFIC, Mo.</b>			
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) <b>Rheumatic carditis with</b>								
DUE TO (b) <b>Acute Stenoid Arter</b>								
DUE TO (c) <b>myocardium</b>							<b>Unknown</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Head Swelling without physician treatment</b>							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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>[Signature]</i> (Degree or title)				22b. ADDRESS <i>[Address]</i>		22c. DATE SIGNED <b>3/14/60</b> (State) <b>Mo.</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>March 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Memorial</b>		23d. LOCATION (City, town, or county) <b>Pacific</b>				
24. FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS <b>Pacific Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>March 6-1960</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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**STATEMENT BY LICENSED EMBALMER**

**FEB 17 1966**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ralph Oltmann

Licensed Embalmer No. 4808

P. O. Address Union, 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.