

JRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-017340

FILED VS MAY 2 1960

2 4155

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b 8 DAYS	c. CITY OR TOWN NEWBURG
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. ADMIN. HOSPT.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) - - - -
a. STATE MISSOURI		b. COUNTY PHELPS	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First	Middle	Last	Month	Day	Year	
WILLIAM	S.	SIMMONS	APRIL	14,	1960	

5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/10/20	9. AGE (last birthday) 39	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	IF UNDER 24 HR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STORE OWNER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) PRCAYUNE, MISS.	12. CITIZEN OF WHAT COUNTRY
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13a. FATHER'S NAME EUGENE SIMMONS	13b. MOTHER'S MAIDEN NAME MARY HALE	14. NAME OF HUSBAND OR WIFE JOAN 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 WW II	16. SOCIAL SECURITY NO. - - - -	17. INFORMANT JOAN SIMMONS, NEWBURG, MISSOURI	Address
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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) HEPATIC COMMA		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) LAENNEC'S CIRRHOSIS	
	DUE TO (c) ALCOHOLISM	581.1

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	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year

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
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21. VA attended the deceased from **4/6/60** to **4/14/60** and last saw ^{her}him alive on **4/14/60**
Death occurred at **5:25 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Foster Kay M.D.	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 4/15/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/15/60	23c. NAME OF CEMETERY OR CREMATORY Newburg, Mo.	23d. LOCATION (City, town, or county) Newburg, Missouri
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24. FUNERAL DIRECTOR Edward Fendler 5611 So. Grand Blvd.	25. DATE RECD. BY LOCAL REG. APR 15 1960	26. REGISTRAR'S SIGNATURE Joan Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 25 1960

JUN 7 1960

STATEMENT BY LICENSED EMBALMER

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

T. O. Humphrey

Licensed Embalmer No. # 4772

P. O. Address

St. Louis

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.