

FEDERAL BUREAU OF INVESTIGATION - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 16 1960

-60-020351

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 179

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>PETTIS</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SEDALIA, MISSOURI</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>		c. CITY OR TOWN <u>SEDALIA</u>	
Length of stay in 1b <u>4 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>603 S. Engineer</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>S/Sgt RICHARD L. SIMMONS</u>				4. DATE OF DEATH Month Day Year <u>May 9, 1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/17/33</u>	9. AGE (last birthday) <u>26</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>MILITARY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>USAF</u>		11. BIRTHPLACE (City and state or country) <u>Sedalia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Hobert L. Simmons</u>			13b. MOTHER'S MAIDEN NAME <u>Mary J. Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Patricia S. Simmons</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Present</u>		16. SOCIAL SECURITY NO. <u>186-34-5797</u>		17. INFORMANT Address <u>Patricia S. Simmons 603 S. Engineer Sedalia, Mo.</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>Acute, multiple, cerebral hemorrhages and lacerations,</u>						<u>4 hrs. 45 mi</u>	
DUE TO (b) <u>Trauma</u>							
DUE TO (c) <u>Motor Vehicle accident</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Acute pulmonary edema</u>						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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Auto Accident.</u>					
20c. TIME OF INJURY Hour <u>7:30</u> a.m. Month, Day, Year <u>5/9/1960</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>Highway</u>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>3 miles west of Sedalia</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Pettis Missouri</u>	
21. I attended the deceased from <u>5/9/1960</u> to <u>5/9/1960</u> and last saw her/him alive on <u>5/9/1960</u>				Death occurred at <u>11:15</u> <u>Am</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Thomas J. Hampton M. D.</u>			22b. ADDRESS <u>Sedalia, Missouri</u>			22c. DATE SIGNED <u>5/9/1960</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5/11/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		23d. LOCATION (City, town, or county) <u>Sedalia, Missouri</u>		
24. FUNERAL DIRECTOR <u>Wm. Ewing</u> ADDRESS <u>Sedalia, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>May 12-1960</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Ronald Ewing*

Licensed Embalmer No. 3844

P. O. Address Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.