

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

287 -61-008438
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. ~~128~~ Registrar's No. 287

AMENDED

FILED APR 3 1961

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ash Grove		Length of stay in 1b 77 yrs.	c. CITY OR TOWN Ash Grove Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 Mi. N. of Ash Grove		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ASH GROVE Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Charles Lemuel Simmons			4. DATE OF DEATH Month Day Year March 22, 1961		
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 7-4-1879	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (City and state or country) Olney, Illinois		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Alonzo Simmons		13b. MOTHER'S MAIDEN NAME Ella Shoemaker		14. NAME OF HUSBAND OR WIFE Mrs. Girtha Simmons	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO.		17. INFORMANT Address RFD Mrs. Girtha Simmons, Ash Grove, Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Myocardial infarction** INTERVAL BETWEEN ONSET AND DEATH **10 min.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Decompensating heart disease 2 years duration

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No 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 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

21. I attended the deceased from **11-30-54** to **3-22-61** and last saw ~~her~~ ^{him} alive on **3-20-61**
Death occurred at **6:00 A.m** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Thomas F. Mah... (Degree or title) D.O.	22b. ADDRESS Ash Grove, Missouri	22c. DATE SIGNED 3-22-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-24-61	23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	23d. LOCATION (City, town, or county) (State) Walnut Grove, Missouri
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24. FUNERAL DIRECTOR Prim-Daniel Funeral Service, Ind. Address Ash Grove, Mo.	25. DATE RECD. BY LOCAL REG. 3-27-61	26. REGISTRAR'S SIGNATURE Effie S. Nelson
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 Doraven C. Zakin, Student Embalmer No. 627

working under my personal supervision.

Student Doraven C. Zakin
Signature of Student Embalmer

Signed Doyle L. Samuel

Licensed Embalmer No. 4702

P. O. Address Ash Grove
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.