

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

26 -61-018465

STATE FILE NUMBER

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 3050

AMENDED

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Caruthersville</u>		Length of stay in lb <u>18yrs.</u>	c. CITY OR TOWN <u>Caruthersville</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>1006 Madison</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1006 Madison</u>	
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Brown</u> Last <u>Simmons</u>			4. DATE OF DEATH Month <u>May</u> Day <u>8</u> Year <u>1961</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>10/19/94</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Produce Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm-Produce</u>	11. BIRTHPLACE (City and state or country) <u>Lake County, Tenn</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jim Simmons</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Traham</u>		14. NAME OF HUSBAND OR WIFE <u>Velma Simmons</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes</u> <u>W.W.I</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. Velma Simmons</u> Address <u>Caruthersville, 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>pulmonary emphysema</u>					<u>many years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <u>pulmonary tuberculosis</u>					<u>many years</u>
DUE TO (c) _____					
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 _____ 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 <u>1952</u> to <u>5-8-61</u> and last saw her/him alive on <u>5-8-61</u> Death occurred at <u>11:45</u> <u>A</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>C. W. Henshke M.D.</u>			22b. ADDRESS <u>Caruthersville, Mo.</u>		22c. DATE SIGNED <u>5-15-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5/10/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>H.S. Smith Funeral Home C, Ville, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>5-17-1961</u>		26. REGISTRAR'S SIGNATURE <u>Jack W. Tipton</u>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF.

MAY 22 1967

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 W. Dewey Fike

Licensed Embalmer No. 4484
P. O. Address Cynthiansville,

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.