

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027878

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED FILED Jul 19 1961 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1940

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>SI FRANCOIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Normandy</b>		Length of stay in 1b <b>#3 days</b>	c. CITY OR TOWN <b>FARMINGTON</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Normandy Osteopathic Hosp</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>211 N JEFFERSON</b>
3. NAME OF DECEASED (Type or print) First <b>WINNETTA</b> Middle <b>FRANKLIN</b> Last <b>SIMMS</b>		4. DATE OF DEATH Month <b>July</b> Day <b>8</b> Year <b>1961</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</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>10/26/86</b>
9. AGE (last birthday) <b>74</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>restaurant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RESTURANT</b>	11. BIRTHPLACE (City and state or country) <b>NEAR ELVINS MO.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>CALVIN L SIMMS</b>	
13b. MOTHER'S MAIDEN NAME <b>MARTHA LAYNE</b>		14. NAME OF HUSBAND OR WIFE <b>JOYCE HUGHES SIMMS</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>		17. INFORMANT Address <b>MILTON SIMMS FARMINGTON, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Respiratory Paralysis</b> DUE TO (b) <b>Cerebral Hemorrhage</b> DUE TO (c) <b>Essential Hypertension</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>Sec</b> <b>3 days</b> <b>Yrs.</b>
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 _____ s.m. _____ p.m. _____ Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>7/15/61</b> to <b>7/18/61</b> and last saw him alive on <b>7/8/61</b> Death occurred at <b>4:29</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>William D McHaven Esq</b>		22b. ADDRESS <b>7011 Carondelet Crest</b>	22c. DATE SIGNED <b>7/10/61</b>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>7/11/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>K OF P</b>	23d. LOCATION (City, town, or county) <b>FARMINGTON MO.</b>
24. FUNERAL DIRECTOR <b>GOZEAN FUNERAL HOME Farmington, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-12-61</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy Md.</b>

JUL 20 1961

**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 Samuel J. Mah

Licensed Embalmer No. 4320

P. O. Address 1110 1/2

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.