

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-61-046864**

STATE FILE NUMBER

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11814**

**FILED JAN 11 1962**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

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 <b>ST LOUIS MO</b>				Length of stay in 1b <b>1 DA</b>		c. CITY OR TOWN <b>RURAL</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST LOUIS CITY HOSP</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>ARNOLD MO</b>	
3. NAME OF DECEASED (Type or print) <b>BOBBY FLOYD SIMMONS</b>				4. DATE OF DEATH <b>DEC 18 - 1961</b>			
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</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>AUG 14 1936</b>	
9. AGE (last birthday) <b>25</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>LABORER</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>CONST. WORK</b>		11. BIRTHPLACE (City and state or country) <b>MISSISSIPPI</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>							
13a. FATHER'S NAME <b>ADMIRAL D. SIMMONS</b>				13b. MOTHER'S MAIDEN NAME <b>BIRTHEL SIMMONS</b>		14. NAME OF HUSBAND OR WIFE <b>SHIRLEY MAE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES 1953</b>				16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT Address <b>MRS SHIRLEY SIMMONS ARNOLD 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>Suffocation caused by aspiration of gastric contents into the respiratory system while in coma. Phenobarbital poisoning, self inflicted in home of Maxville, Mo., exact time unknown or about Dec 18, 1961</b> 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) <b>Suicide 970.2</b>							INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>See above</b>	
20c. TIME OF INJURY Hour a.m. p.m. <b>12-18-61</b>				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.) <b>Home</b>				20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Maxville, Mo.</b>			
21. I attended the deceased from <b>6:30 A</b> to <b>6:30 A</b> and last saw her/him alive on <b>6:30 A</b> Death occurred at <b>6:30 A</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Nolan L. Taylor Coroner</b>				22b. ADDRESS <b>1300 Clark Ave.</b>		22c. DATE SIGNED <b>12-19-61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>DEC 19-61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY J. B. Mo.</b>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR ADDRESS <b>HEILIGTAG - IMPERIAL MO</b>				25. DATE RECD. BY LOCAL REG. <b>DEC 19 1961</b>		26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>	

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 22 1962  
AUG 14 1962

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 Edward Jendler, Student Embalmer No. 644

working under my personal supervision.

Student Edward Jendler  
Signature of Student Embalmer

Signed Arthur W. Healylog

Licensed Embalmer No. 3872

P. O. Address Imperial 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.