

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001372

AMENDED

Registration District No. 137 Primary Registration District No. 3033 Registrar's No. 2

STATE FILE NUMBER

FILED JAN 8 1962

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Henry</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CLINTON</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Henry</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>		Length of stay in 1b <u>3 mo</u>		c. CITY OR TOWN <u>Urich</u>		Inside Limits Yes ☒ No ☐	
d. STREET ADDRESS		Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Gra</u> Middle <u>Martie</u> Last <u>Simms</u>				Month <u>1</u> Day <u>2</u> Year <u>1962</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>2-4-81</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Urich Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>James W. Simms</u>		13b. MOTHER'S MAIDEN NAME <u>Anna E. Martin</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Grover C. Simms</u> Address <u>Urich Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <u>Inanition & debility</u>							<u>5 days</u>
DUE TO (b) <u>Cerebral vascular accident</u>							<u>3 d.</u>
DUE TO (c) <u>Artificial Schwann, generalized</u>							<u>1 yr.</u>
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.
							☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY	Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>					
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	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>Oct. 1961</u> to <u>death</u> and last saw her alive on <u>1-1-62</u> . Death occurred at <u>11:35 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>C. R. Witzel, M.D.</u> (Degree or title)				22b. ADDRESS <u>Clinton Mo.</u>		22c. DATE SIGNED <u>1-3-62</u>	
23a. BURIAL, CREMATION, REINTERMENT (Specify)	23b. DATE <u>1-4-1962</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>Memory Grove</u>		23d. LOCATION (City, town, or county) <u>Urich Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>W. J. Brown</u>	ADDRESS <u>Urich Mo</u>	25. DATE RECD. BY LOCAL REG. <u>JAN 3-1962</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>			

(Licensed Embalmer's Statement on Reverse Side)

134 M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

H. J. Vassant

Licensed Embalmer No. 3779

P. O. Address Clinton, W.

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.