

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018252

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 130

FILED JUN 4 1962

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY CALLAWAY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FULTON, MO. | | c. CITY OR TOWN JEFFERSON CITY, MO. | |
| Length of stay in 1b 1 month | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSPITAL NO. 1 | | d. STREET ADDRESS (If outside, give location) 410 E. Miller | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) First WILLIAM Middle SIMMONS Last SIMMONS | | | 4. DATE OF DEATH Month May Day 28 , Year 1962 | | |
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|-----------------------|----------------------------------|---|------------------------------------|-------------------------------------|---------------------------|------------------------|-------------------------|------------------------|
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5/21/84 | 9. AGE (last birthday) 78 | IF UNDER 1 YEAR Months | IF UNDER 24 HR Days | IF UNDER 24 HR Hours | IF UNDER 24 HR Min. |
|-----------------------|----------------------------------|---|------------------------------------|-------------------------------------|---------------------------|------------------------|-------------------------|------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (City and state or country) Callaway County, Mo. | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Thomas Simmons | 13b. MOTHER'S MAIDEN NAME Martha Oliver | 14. NAME OF HUSBAND OR WIFE Unknown |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Charles Robinson, Jefferson City, Mo. | Address |
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| 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) Arteriosclerotic Heart Disease | | |
| DUE TO (b) General Arteriosclerosis | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) | | |

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| 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 | |
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| 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.) |
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|---|---|---|---|--------|-------|
| 20c. TIME OF INJURY Hour 2:10 a.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.) State Hospital No. 1 | 20f. CITY, TOWN, OR LOCATION April 28, 1962 | COUNTY | STATE |
|---|---|---|---|--------|-------|

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| 21. * attended the deceased from April 28, 1962 to May 28, 1962 and last saw ^{her} him alive on May 28, 1962 | |
| Death occurred at 2:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | |

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| 22a. SIGNATURE (Degree or title) <i>H. G. Freund M.D.</i> | 22b. ADDRESS State Hospital No. 1 Fulton, Missouri | 22c. DATE SIGNED 5/28/62 |
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|---|-----------------------------|---|---|---------|
| 23a. BURIAL, CREMATION REMOVAL (Specify) Burial | 23b. DATE 5/30/62 | 23c. NAME OF CEMETERY OR CREMATORY Longview | 23d. LOCATION (City, town, or county) Jefferson City, Mo. | (State) |
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| 24. FUNERAL DIRECTOR <i>Josephine Smith</i> | ADDRESS <i>JC Mo.</i> | 25. DATE RECD. BY LOCAL REG. 7 May 30 1962 | 26. REGISTRAR'S SIGNATURE <i>Maretta Lawrence</i> |
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(Licensed Embalmer's Statement on Reverse Side)

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 Lybriette Dulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.