

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026513

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 95

FILED AUG 13 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

| | | | | | |
|---|---|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Cooper | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cooper | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville | | Length of stay in lb 29 Years | c. CITY OR TOWN Boonville | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL-NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 86 First St. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First John Middle Simmons Last Simmons | | | 4. DATE OF DEATH Month August Day 4 Year 1962 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH January 1, 1874 | 9. AGE (last birthday) 88 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> |
| | | | | | IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life. Inventor, retired) Farmer (Retired) | | 10b. KIND OF BUSINESS OR INDUSTRY Own farm | 11. BIRTHPLACE (City and state or country) Howard County, Mo. | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Billie Simmons | | 13b. MOTHER'S MAIDEN NAME Mary Elizabeth Clark | | 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) No | | 16. SOCIAL SECURITY NO. ----- | 17. INFORMANT Address Robert L. Simmons, Boonville, Mo. | | |
| 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) MYOCARDIO INFARCT DUE TO ARTERIOSCLEROTIC HEART DISEASE | | | | | 7 HRG. |
| DUE TO (b) DIABETES, MELLITUS | | | | | UNKNOWN |
| 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 7-27-62 to 8-4-62 and last saw him alive on 8-4-62 Death occurred at 2:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>William A. Hooper, M.D.</i> (Degree or title) | | 22b. ADDRESS 329 MAIN STREET BOONVILLE, MISSOURI | | 22c. DATE SIGNED 8-4-62 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE August 6, 1962 | 23c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery | 23d. LOCATION (City, town, or county) Boonville, Mo. | (State) | |
| 24. FUNERAL DIRECTOR Goodman & Boller, Boonville, Mo. | | 25. DATE RECD. BY LOCAL REG. 8/6/62 | 26. REGISTRAR'S SIGNATURE <i>Hooper</i> | | |

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 William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, 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.