

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-028370

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 324

FILED AUG 8 1962

VS 300
Rev. 4/59

6940

24000

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4 1

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9490 X

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1293-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis County	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Length of stay in lb 22Y;2M;10days	c. CITY OR TOWN St. Louis (Vinita Park)
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8269 Albin
3. NAME OF DECEASED (Type or print) First Middle Last HATTIE BLANCHE WRIGHT SIMMONS		4. DATE OF DEATH Month Day Year July 8, 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 21, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school teacher & housewife		10b. KIND OF BUSINESS OR INDUSTRY teaching	11. BIRTHPLACE (City and state or country) Paris, Tennessee
13a. FATHER'S NAME John Odum		13b. MOTHER'S MAIDEN NAME McElroy	14. NAME OF HUSBAND OR WIFE 1st - James Robert Wright 2nd - W. H. Simmons (both are deceased)
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. Unknown	17. INFORMANT Records, State Hospital #4, Farmington, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar pneumonia			INTERVAL BETWEEN ONSET AND DEATH Abt. 2 das.
DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dementia Praecox Psychosis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown Abt. 30 years.
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 April 9, 1940 to July 8, 1962 and last saw her alive on July 8, 1962 Death occurred at 11:55 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>James F. Hoctor</i>		22b. ADDRESS State Hospital No. 4, Farmington, Missouri	22c. DATE SIGNED 7-9-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 10, 1962	23c. NAME OF CEMETERY OR CREMATORY Boothe Cemetery	23d. LOCATION (City, town, or county) (State) Henry County, Tennessee
24. FUNERAL DIRECTOR McEvoy Funeral Home, Paris, Tennessee		25. DATE RECD. BY LOCAL REG. July 9, 1962	26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>

USE BLACK INK OR TYPEWRITER RIBBON

VS AUG 9 1962

AUG 16 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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

[Handwritten Signature]

Licensed Embalmer No. 4084

P. O. Address Farmington 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.