

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030495
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 45

FILED AUG 20 1962

1. PLACE OF DEATH
a. COUNTY Dallas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN URBANA Length of stay in 1b 6 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY Dallas
c. CITY OR TOWN URBANA Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Bernard ORan Simmons 8 - 12 - 1962

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 7-2-1889 9. AGE (last birthday) 73 IF UNDER 1 YEAR Months 1 Days 10 IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FORMER 10b. KIND OF BUSINESS OR INDUSTRY FARMING 11. BIRTHPLACE (City and state or country) Dallas Co, MO 12. CITIZEN OF WHAT COUNTRY U.S

13a. FATHER'S NAME John R. Simmons 13b. MOTHER'S MAIDEN NAME MARY F. Mustain 14. NAME OF HUSBAND OR WIFE Auguste Lula Simmons

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 Auguste Lula Simmons, URBANA Address _____

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiovascular renal INTERVAL BETWEEN ONSET AND DEATH 1 yr.
DUE TO (b) senility
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) _____ 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 _____ a.m. _____ p.m. Month, Day, Year _____

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 7/15/61 to 8/12/62 and last saw her/him alive on 8/10/62
Death occurred at 7 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. J. Bailey, Jr. 22b. ADDRESS Wilbraham Mo 22c. DATE SIGNED 8/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 23b. DATE 8-15-62 23c. NAME OF CEMETERY OR CREMATORY Hopewell Cem. 23d. LOCATION (City, town, or county) (State) Dallas Co MO

24. FUNERAL DIRECTOR Allen W. Vaughan, Urbana, Mo ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 8/17/1962 26. REGISTRAR'S SIGNATURE Malcolm Peter JR

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

AUG 22 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 Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Herbana, MD

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.