

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036508  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8308

**FILED SEP 24 1962**

VS 300
Rev. 4/59
1
2 <u>221</u>
3
4 <u>2</u>
5 <u>0</u>
6
7 <u>0</u>
8 <u>1</u>
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10
11
12 <u>75-3</u>
13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 RATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

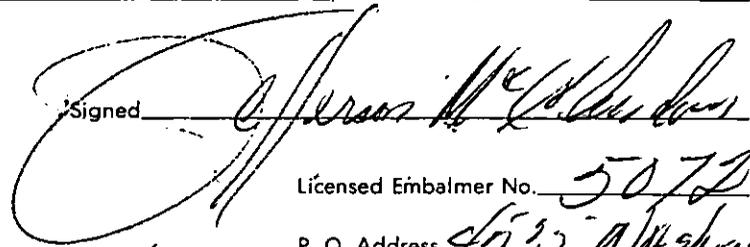
1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	
		<b>St. Louis</b>		<b>18 yrs</b>	<b>Missouri</b>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits	d. STREET ADDRESS (If outside, give location)		Reside on Farm			
<b>CITY HOSPITAL #1</b>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>2407 O'Fallon St Apt 513</b>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last			4. DATE OF DEATH Month Day Year					
<b>JAMES L. C. MIMES</b>			<b>Aug 25, 1962</b>					
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR		IF UNDER 24 HR	
<b>Male</b>	<b>Col</b>		<b>3-9-1944</b>	<b>18</b>	Months <b>5</b>	Days <b>15</b>	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY		
<b>Soldier</b>		<b>U.S. Army</b>		<b>St. Louis, Mo</b>		<b>USA</b>		
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE		
<b>Iseral Christian</b>			<b>Ethel Hamilton</b>			<b>*</b>		
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.		17. INFORMANT Address		
<b>yes</b>						<b>Ethel Mimes 2409 O'Fallon St Apt 513</b>		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)								INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which give rise to above cause (a), stating the underlying cause last. DUE TO (a) <b>Massive intra thoracic hemorrhage</b> DUE TO (b) <b>Contrib: Penetrating gunshot wound of heart; suffered when shot with a live in hands of one of store</b> DUE TO (c) <b>Butler on August 25, 1962 at about 1:00 AM in Jefferson City, Mo</b>								
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.
<b>981x Justifiable homicide</b>								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
			<b>A</b>		<b>see above</b>			
20c. TIME OF INJURY Hour p.m.		Month, Day, Year						
<b>1:00 p.m.</b>		<b>8-25-62</b>						
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
		<b>Home</b>		<b>St Louis, Mo</b>				
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title)			22b. ADDRESS			22c. DATE SIGNED		
<b>Paul J. Simon Deputy Coroner</b>			<b>1300 Clark Ave</b>			<b>8/27/62</b>		
23a. BURIAL, CREMATION REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)			
<b>Removal</b>		<b>8-31-1962</b>	<b>National</b>		<b>Jefferson Barracks Mo</b>			
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE			
<b>JAS H. RANDLE &amp; SON 3133 Bell Ave</b>				<b>AUG 27 1962</b>	<b>Roald Smith, M.D.</b>			

USE BLACK INK OR TYPEWRITER RIBBON

**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  \_\_\_\_\_

Licensed Embalmer No. 5072  
P. O. Address 4525 Washington

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.