

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027782

STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 70

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 29 1963

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salem</u>		Length of stay in lb <u>14 years</u>	c. CITY OR TOWN <u>Salem</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>300 E. Truman St.</u>		Inade Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>300 E. Truman St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>ALBERT</u> Last <u>SIMONS</u>			4. DATE OF DEATH Month <u>July</u> Day <u>24</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/29/82</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman (ret)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Food Products</u>		11. BIRTHPLACE (City and state or country) <u>Vermillion, S. Dak.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>John Simons</u>		13b. MOTHER'S MAIDEN NAME <u>Esther Thickett</u>	
14. NAME OF HUSBAND OR WIFE <u>Berenice Sommers Simon</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT Name <u>Berenice Simons</u> Address <u>Salem, Mo.</u>			

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Debility</u>		
DUE TO (c) <u>Ca. of G-I tract</u>		
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 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

21. I attended the deceased from 7-24-63 to 7-24-63 and last saw ^{her}him alive on 7-24-63
Death occurred at 3:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title)
Joseph R. Burnett

22b. ADDRESS
Salem, Mo.

22c. DATE SIGNED
7-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
7/26/1963

23c. NAME OF CEMETERY OR CREMATORY
Memorial Park Cem.

23d. LOCATION (City, town, or county) (State)
St. Louis County, Mo.

24. FUNERAL DIRECTOR
Max L. Waigel Address Salem, Mo.

25. DATE RECD. BY LOCAL REG.
7-25-63

26. REGISTRAR'S SIGNATURE
M. M. Hart, M. D. by [Signature]

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
 1033
 20331
 3
 4 0
 5 1
 6
 7 1
 8 0
 9/59X
 10
 11
 12 9A-2
 13 10
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF DOCUMENT
 MEDICAL CERTIFICATION
 USE BLACK INK OR TYPEWRITER RIBBON

AUG 1 1963

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 Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address Oakton, 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.