

MISSOURI DEATH CERTIFICATE

7725 61-030710
STATE FILE NUMBER

Filed AUG 31 1961

Primary Registration District No. 1003

Registrar's No.

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u>		Length of stay in 1b <u>3 WKS</u>		c. CITY OR TOWN <u>ELLISNORE</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ALEXIAN BROS Hospital</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rt 3 - Box 37</u>		
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>EDWARD</u> Last <u>EMMONS</u>				4. DATE OF DEATH Month <u>AUG</u> - Day <u>18</u> - Year <u>1961</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>AUG-3-1902</u>	9. AGE (last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>15</u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED - CLERK</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>JEFF BANS. MO VETERANS Alm. Bldg</u>		11. BIRTHPLACE (City and state or country) <u>SUN FLOWER, MISSISSIPPI</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	
13a. FATHER'S NAME <u>GREEN EMMONS</u>			13b. MOTHER'S MAIDEN NAME <u>SALLEY HAVEN</u>		14. NAME OF HUSBAND OR WIFE <u>ETHEL EMMONS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NIL</u>		17. INFORMANT Address <u>Rt 3 - Box 37</u> <u>ETHEL EMMONS ELLISNORE Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fx. skull with large subdural hem. covering entire right hemisphere, suffered in fall down stairs in home at Box 235 Rt 2, Arnold, Mo., 7-26-61</u> DUE TO (b) <u> </u> DUE TO (c) <u> </u>							INTERVAL BETWEEN ONSET AND DEATH <u>900.0-21</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"/> N- <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>fell down stairs in home</u>				
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u>7-26-61</u>		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.) <u>65 home</u>		20f. CITY, TOWN, OR LOCATION <u>Box 37 RR # 2, Arnold, Mo.</u>		
21. I attended the deceased from <u>3:30 A.</u> to <u> </u> and last saw him alive on <u> </u> Death occurred at <u> </u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Paul Simon</u> (Degree <u> </u>) <u>Coroner</u>				22b. ADDRESS <u>7300 Clark</u>			22c. DATE SIGNED <u>8/19/61</u>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>AUG-21-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>177 HOPE CEM.</u>		23d. LOCATION (City, town, or county) <u>LEMAY, Mo</u>		
24. FUNERAL DIRECTOR <u>FEY FUNERAL HOME MEHNVILLE Mo</u>				25. DATE RECD. BY LOCAL REG. <u>AUG 18 1961</u>		26. REGISTRAR'S SIGNATURE <u>Road Smith, M.D.</u>		

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

Gustav W. J. J.

Licensed Embalmer No. 4329

P. O. Address St. Louis, 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.