

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-033416

STATE FILE NUMBER

AMENDED

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 126

FILED OCT 9 1961

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Keokuk,</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warrensburg,</u>		Length of stay in 1b <u>3 days</u>	c. CITY OR TOWN <u>Keokuk,</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Top Hat Motel,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1017 Park St.</u>

3. NAME OF DECEASED (Type or print) First <u>RICHARD</u> Middle <u>L.</u> Last <u>SIMMONS</u>	4. DATE OF DEATH Month <u>October</u> Day <u>4th.</u> Year <u>1961</u>
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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>4-2-1926</u>	9. AGE (last birthday) <u>35</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S. Navy</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Navy</u>	11. BIRTHPLACE (City and state or country) <u>Keokuk, Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Carl L. Simmons</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Later,</u>	14. NAME OF HUSBAND OR WIFE <u>Lots Simmons</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes at time of death</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT <u>Mrs. Mary Simmons, Keokuk, Iowa</u>
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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>Apparent Self Inflicted Gun Shot Wound in right temple,</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
DUE TO (b) _____		
DUE TO (c) <u>Suicide,</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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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>22 caliber revolver, found discharged under right hand.</u>
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20c. TIME OF INJURY Hour <u>12:30 P.M.</u> Month, Day, Year <u>10-4-1961</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Top Hat Motel,</u>	20f. CITY, TOWN, OR LOCATION <u>Rural 3mi E. Hwy 50, Warrensburg, Mo</u>
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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>Top Hat Motel,</u>	20f. CITY, TOWN, OR LOCATION <u>Rural 3mi E. Hwy 50, Warrensburg, Mo</u>
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21. I attended the deceased from (I viewed the Remains, and last saw him Dead on 10-4-1961
Death occurred at 12:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Kelly Rawlins M.D. Coroner</u>	22b. ADDRESS <u>Holden, Missouri</u>	22c. DATE SIGNED <u>10-4-1961</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal,</u>	23b. DATE <u>10-6-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>UNKNOWN</u>	23d. LOCATION (City, town, or county) (State) <u>Keokuk, Iowa</u>
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24. FUNERAL DIRECTOR <u>The Brauntingers, Warrensburg, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Oct. 4, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Lawrence Crutchfield</u>
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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 17 1961

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

W. B. Bauninger

Licensed Embalmer No. 3377

P. O. Address Warrenton, OR

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.