

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

5233 62-020998
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

FILED MAY 31 1962

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California COUNTY Los Angeles		c. CITY OR TOWN Elmonte		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 10932 E. Mulhall				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last David Frederick Simmons			4. DATE OF DEATH Month Day Year May 21, 1962			5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 11/8/1910		9. AGE (last birthday) 51		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver			
10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) Litchfield, Illinois.				12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME David Simmons				13b. MOTHER'S MAIDEN NAME Lucy Holorn				14. NAME OF HUSBAND OR WIFE Ida			
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. Nil.			17. INFORMANT Ida Simmons, 10932 E. Mulhall,			Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i>										INTERVAL BETWEEN ONSET AND DEATH <i>3 hrs</i>	
DUE TO (b) <i>Chronic Ischemic Heart Dis. Atherosclerosis</i>											
DUE TO (c) <i>Cholesterol Arteriosclerosis Atherosclerosis</i>											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a) <i>Cholesterol 420.0</i>										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 checked="" type="checkbox"/> NO <input 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 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 <i>4-25-62</i> to <i>5-21-62</i> and last saw him alive on <i>5-21-62</i> Death occurred at <i>4:45 P.M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Ink or type) <i>John B. Meyers M.D.</i>						22b. ADDRESS <i>634 N. Grand Blvd</i>			22c. DATE SIGNED <i>5-22-62</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-24-62		23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery				23d. LOCATION (City, town, or county) (State) Litchfield, Illinois.			
24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington, Blvd.						25. DATE RECD. BY LOCAL REG. MAY 23 1962		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>			

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 Harry E. Moore

Licensed Embalmer No. 4495

P. O. Address St. Louis

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.