

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-015469

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **93** Primary Registration District No. \_\_\_\_\_ Registrar's No. **63-27** STATE FILE NUMBER

**FILED APR 16 1963**

VS 300 Rev. 4/59  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Dade</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Dade</b>                             |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Highway #39 - North twp.</b> Length of stay in <b>Instant</b>   |  | c. CITY OR TOWN <b>Arcola</b>  | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6 mi. N. of Greenfield</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location) <b>2 1/2 mi. E. of Arcola</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print) First Middle Last <b>Virgil Thomas Simmons, Jr.</b>  |  |  | 4. DATE OF DEATH Month Day Year <b>April 7, 1963</b>   |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>       | 8. DATE OF BIRTH <b>9-21-1946</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>  | 11. BIRTHPLACE (City and state or country) <b>Dade Co., Mo.</b>  |
| 13a. FATHER'S NAME <b>Virgil Thomas Simmons, Sr.</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Lillian J. Brundage</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <b>No</b>  |  | 16. SOCIAL SECURITY NO. <b>000 Virgil T. Simmons, Sr. - Arcola, Mo.</b>  |  |
| 17. INFORMANT Address <b>R.F.D.</b>  |  |  | 14. NAME OF HUSBAND OR WIFE  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Broken Neck</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Car accident</b><br>DUE TO (c) |  |  | INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</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.<br><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 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.) <b>Car accident</b>   |  |
| 20c. TIME OF INJURY Hour a.m. <b>1:15</b> Month, Day, Year. <b>4-7-63</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.) <b>Highway #39</b>  |  | 20f. CITY, TOWN, OR LOCATION <b>4 mi N. Greenfield</b>   | COUNTY <b>Dade</b> STATE <b>Mo</b>   |
| 21. I attended the deceased from <b>After death</b> and last saw him alive on <b>1:15</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at  |  |  |  |
| 22a. SIGNATURE (Degree or title) <b>W.R. Allison Coroner</b>   |  | 22b. ADDRESS <b>Greenfield, Mo.</b>  | 22c. DATE SIGNED <b>4-7-63</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  | 23b. DATE <b>Apr. 10, 1963</b>   | 23c. NAME OF CEMETERY OR CREMATORIA <b>Pleasant Grove Cem.</b>   | 23d. LOCATION (City, town, or county) (State) <b>Dade County, Mo.</b>  |
| 24. FUNERAL DIRECTOR ADDRESS <b>J. C. Canada; Greenfield, Mo.</b>  |  | 25. DATE RECD. BY LOCAL REG. <b>4/10/1963</b>  | 26. REGISTRAR'S SIGNATURE <b>J. C. Canada</b>  |

USE BLACK INK OR TYPewriter RIBBON  
W.R. Allison, Coroner

APR 24 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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.