

DR. MICHAEL

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## 63-040616

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 107

FILED OCT 29 1963

DO NOT WRITE ON THIS STUB AMENDED

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SHOULD READ  
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DOCUMENT  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Madison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fredericktown</b>		c. CITY OR TOWN <b>Fredericktown</b>	
Length of stay in 1b <b>years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Madison Memorial Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>213 N. Mine LaMotte Ave.</b>	
3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>Lucinda</b> Last <b>Simmons</b>		4. DATE OF DEATH Month <b>October</b> Day <b>22</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-2-1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Madison County, Missouri U.S.A.</b>
13a. FATHER'S NAME <b>Emory Berry</b>		14. NAME OF HUSBAND OR WIFE <b>John L. Simmons (Deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT <b>Mrs. Bertha Francis - Fredericktown, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>26 Days</b>	
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) <b>Cerebral Arteriosclerosis.</b>		<b>years</b>	
DUE TO (c) <b>Generalized Arteriosclerosis.</b>		<b>years</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. <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <b>Fredericktown, Mo.</b>	
21. I attended the deceased from <b>Sept 9, 1955</b> to <b>Oct. 22, '63</b> and last saw <b>her</b> alive on <b>Oct 21, 63</b>		Death occurred at <b>1:47 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Charles Michaelis MD</b>		22b. ADDRESS <b>Fredericktown, Mo.</b>	
22c. DATE SIGNED <b>10-22-63</b>		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-24-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Methodist Cemetery</b>	23d. LOCATION (City, town, or county) <b>Madison County, Mo.</b>
24. FUNERAL DIRECTOR <b>S. J. Anderson</b>		25. DATE RECD. BY LOCAL REG.	
ADDRESS <b>Fredericktown, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Glenn Hicks</b> <i>Per [Signature] Registrar</i>	

USE BLACK INK OR TYPEWRITER RIBBON

**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. Adamson*

Licensed Embalmer No. 4351

P. O. Address FREDERICKTOWN, 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.