

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1967

STATE FILE NUMBER

5

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 5

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	MACON	a. STATE	MO
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	MACON	b. COUNTY	SHELBY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		c. CITY OR TOWN	CLARENCE
Samaritan Hosp 2 Wts		d. STREET ADDRESS (If outside, give location)	CLARENCE P.P.
Length of stay in lb		Reside on Farm	
2 Wts		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
EVA	KATHERINE	SIMPSON	JAN.	27	1957
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR
FEMALE	WHITE	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	AUG 11 1898	58	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?	
HOUSEWIFE		HOUSEWIFE	MACON COUNTY MO	US	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
JOHN TOOLEY			KATHERINE BRAVES		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT		
NO		NONE	W.C. SIMPSON CLARENCE MO		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) Lympho blastoma		3400.
DUE TO (b)		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)		19. WAS AUTOPSY PERFORMED?
none		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
no no no	
20c. TIME OF INJURY	20d. INJURY OCCURRED
Hour Month, Day, Year	WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
a. m. p. m.	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 1954 to 27 Jan. 57 and last saw her alive on 26 Jan 57	
Death occurred at 6:40 AM. 27 Jan 57 in the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title)	22b. ADDRESS
Donald E Eggleston MD	Macon, Missouri
22c. DATE SIGNED	
1 Feb 57	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)
BURIAL	1-30-57	MAPLEWOOD CEMETERY	CLARENCE MO
24. FUNERAL DIRECTOR	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE	
Chas V. Neely	2-1-57	Cuth McNeely	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Date Filed 4.7.57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Charles V. McNeill*.....

Licensed Embalmer No. 46

P. O. Address *Ch...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.