

100 O
-57
All diseases in Part I must be causally related.

FILED JUL 17 1957

STANDARD CERTIFICATE OF DEATH

22498
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institutional, Residence before admission) a. STATE Missouri COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Butler Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Butler Hospital		Length of stay in lb 3 weeks	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MINNIE Middle MAY Last SIMPSON			4. DATE OF DEATH Month July Day 9th Year 1957		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 14 1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mapleton Kansas	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Albert A Frankenfield		13b. MOTHER'S MAIDEN NAME Elmira Gruber		14. NAME OF HUSBAND OR WIFE Aaron Simpson	

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. none	17. INFORMANT Guy Frankenfield-Foster Mo. 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) Coronary Occlusion DUE TO (b) Chr. Myocarditis DUE TO (c) Plenial Effusion		INTERVAL BETWEEN ONSET AND DEATH 10 years 3 Mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		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"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	

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 Butler Missouri	COUNTY Butler STATE Missouri
--	--	--	--

21. I attended the deceased from **Several years ago** to **July 9, 1957** and last saw her alive on **July 9, 1957**
Death occurred at **12:15 AM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Carter W. Lutes M.D.	22b. ADDRESS Butler Missouri	22c. DATE SIGNED 7/10/57
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/11/57	23c. NAME OF CEMETERY OR CREMATORY Salem	23d. LOCATION (City, town, or county) (State) Foster Missouri
--	-----------------------------	--	---

24. FUNERAL DIRECTOR Culver Underwood-Butler Missouri	ADDRESS	25. DATE RECD. BY LOCAL REG. July 15-1957	26. REGISTRAR'S SIGNATURE Kendall Perry
---	---------	---	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

APR 2 1958

APR 2 1958

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 *John B Underwood*.....
Licensed Embalmer No.....3585.....
P. O. Address.....Butler, Miss.

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.