

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

59-020366

STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 78

V. S. 300
 Rev. 1-57

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Pleasant Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Adrian Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Pine Tree Rest		Length of stay in lb 2 Yrs.	d. STREET ADDRESS (If outside, give location) 0076 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Viola Middle Mirah Last Simpson			4. DATE OF DEATH Month June Day 28 Year 1959		
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 Mar. 11, 1874	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Hwfe		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Texas County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME David Brown		13b. MOTHER'S MAIDEN NAME Malinda Gundy		14. NAME OF HUSBAND OR WIFE Jeptha R. Simpson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address George Simpson, Adrian, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 2 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic arteriosclerosis		15 years
	DUE TO (c) General Debility		10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221		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 9:15 Month, Day, Year 6-30-59 a.m. p.m.		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1956	20f. CITY, TOWN, OR LOCATION Adrian, Mo.	COUNTY Mo.	STATE Mo.
21. I attended the deceased from Death occurred at 9:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Charles W. Butler (Degree or title) MD	22b. ADDRESS Butler, Mo.	22c. DATE SIGNED 6/30/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-30-59	23c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cemetery	23d. LOCATION (City, town, or county) (State) Adrian, Mo.
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24. FUNERAL DIRECTOR Six Funeral Service, Adrian, Mo.	25. DATE RECD. BY LOCAL REG. 6-30-1959	26. REGISTRAR'S SIGNATURE Russell K. ...
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

17-0

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 

Licensed Embalmer No...3650.....

P. O. Address....Adrian, 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.