

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027995

FILED VS AUG 17 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 242

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>SHELBY</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HURTSVILLE</u>			Length of stay in 1b <u>3 DAYS</u>		c. CITY OR TOWN <u>CLARENCE MO</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LAUGHLIN HOSPITAL</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>CLARENCE MO</u>	
3. NAME OF DECEASED (Type or print) First <u>ESSIE</u> Middle <u>MAY</u> Last <u>SIMPSON</u>				4. DATE OF DEATH Month <u>AUG</u> Day <u>8</u> Year <u>1959</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>MAY 12, 1877</u>	
9. AGE (last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>		11. BIRTHPLACE (City and state or country) <u>MO HNOX COUNTY</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>
13a. FATHER'S NAME <u>SANTFORD ROGERS</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET BOND</u>			14. NAME OF HUSBAND OR WIFE <u>FRANK SIMPSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NO ME</u>		17. INFORMANT <u>CHARLIE MC NEILL</u>		Address <u>ELY MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Toxemia</u>							<u>3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Glomerulo nephrosis</u>							<u>7 days</u>
DUE TO (c) <u>Acute cholecystitis e peritonitis</u>							<u>unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic heart disease</u>						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 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 <u> </u> Month, Day, Year <u> </u>							
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		COUNTY STATE	
21. I attended the deceased from <u>Aug. 5, 1959</u> to <u>Aug. 8, 1959</u> and last saw her <u>alive</u> on <u>Aug. 8, 1959</u> Death occurred at <u>4:05 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Jack [Signature]</u> (Degree or title)				22b. ADDRESS <u>Hurtsville, Mo.</u>			22c. DATE SIGNED <u>8-11-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
<u>BURIAL</u>		<u>8-10-59</u>	<u>HAGLER GROVE CEMETERY</u>		<u>SHELBY COUNTY MO</u>		
24. FUNERAL DIRECTOR <u>GREENING</u> ADDRESS <u>CLARENCE MO</u>			25. DATE RECD. BY LOCAL REG. <u>Aug. 13, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Raliff</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JACK
AUXTER, D.O.

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Charles O. Freeman

Licensed Embalmer No. 462

P. O. Address Clarence

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.