

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033773

FILED VS SEP 16 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 7999** STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis | | e. STATE Missouri COUNTY | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer Phillips | | d. STREET ADDRESS (If outside, give location) 1212 Hamilton | |

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| 3. NAME OF DECEASED (Type or print) First MADGE Middle — Last SIMS Elliott | 4. DATE OF DEATH Month 8 Day 25 Year 59 |
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| 5. SEX Female | 6. COLOR OR RACE Colored | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2-28-1894 | 9. AGE (last birthday) 70 | IF UNDER 1 YEAR Months 9 Days 27 | IF UNDER 24 HR Hours — Min. — |
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| 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) Aberdeen, Miss. | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Jerry Blanchard | 13b. MOTHER'S MAIDEN NAME Lora Beeks | 14. NAME OF HUSBAND OR WIFE Madge Moore |
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| 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 Madge Moore | Address 1212 Hamilton |
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| 18. CAUSE OF DEATH (Enter only one line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease DUE TO (b) Compens of the Same DUE TO (c) Generalized Arteriosclerosis | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0 | | 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 |

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| 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.) |
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| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____ |
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|--|--|--|--------|-------|
| 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 St Louis - Co Mo. | COUNTY | STATE |
|--|--|--|--------|-------|

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Thelma Watson Hudson (Degree or title) County Clerk | 22b. ADDRESS 1300 Clark | 22c. DATE SIGNED 8/28/59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE 8-31-1959 | 23c. NAME OF CEMETERY OR CREMATORY Washington Park | 23d. LOCATION (City, town, or county) St Louis - Co Mo. |
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| 24. FUNERAL DIRECTOR Thelma Watson Hudson Chouteau | ADDRESS 2769 | 25. DATE RECORDED AUG 28 1959 | 26. REGISTRAR'S SIGNATURE Earl Smith. M.D. |
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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 Donald G. Jamison

Licensed Embalmer No. 5011

P. O. Address 5064 wells

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.