URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 12 1959

59-035611
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 313

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Length of stay in 1b: Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Miller
c. CITY OR TOWN Eldon — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt. 1 Saline — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: GEORGE Middle: LEE Last: SIMPSON
4. DATE OF DEATH Month, Day, Year: November 6, 1959
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-7-1890
9. AGE (last birthday): 69
IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R. R. Engineer (ret)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): West Aurora, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Allen V. Simpson
13b. MOTHER'S MAIDEN NAME: Nancy Meeks
14. NAME OF HUSBAND OR WIFE: Celeste Slant Simpson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 708-14-3669
17. INFORMANT: George Simpson, Eldon, Missouri — Address

MEDICAL CERTIFICATION

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 thrombosis with myocardial infarction, acute — INTERVAL BETWEEN ONSET AND DEATH: 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Prostatic obstruction with Prostatitis — 4 MOS.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Postoperative Retropubic Prostatectomy – 17 days
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 9-9-1959 to 11-6-1959 and last saw ~~her~~ him alive on 11-6-1959
Death occurred at 8:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Kendall A. Clark (Degree or title) M.D.
22b. ADDRESS 515 E. High Jefferson City, Mo
22c. DATE SIGNED 11-7-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-8-1959
23c. NAME OF CEMETERY OR CREMATORY: Eldon
23d. LOCATION (City, town, or county) (State): Eldon, Missouri
24. FUNERAL DIRECTOR ADDRESS: Louis D. Phillips, Eldon, Mo.
25. DATE RECD. BY LOCAL REG.: 10 November 1959
26. REGISTRAR'S SIGNATURE: R. P. Harris M. Richter Dep.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

VS NOV 13 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by Don E. Phillips, Student Embalmer No. 583

working under my personal supervision.

Student Don E. Phillips
Signature of Student Embalmer

Signed [illegible]

Licensed Embalmer No. 3663

P. O. Address Cedar

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