MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-021002
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5209

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED MAY 31 1962

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b

c. CITY OR TOWN St. Louis
Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 14 No. Kingshighway
Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) 14 No. Kingshighway
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CLARENCE Middle O Last SIMPSON

4. DATE OF DEATH Month May Day 22 Year 1962

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9/8/1879

9. AGE (last birthday) 82

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) Doctor M. D. D. D. S

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Hindsboro Ill.

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME TaylorSimpson

13b. MOTHER'S MAIDEN NAME Elizabeth Watson

14. NAME OF HUSBAND OR WIFE Gladys 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. no

17. INFORMANT Thedore Simpson Address 6600 Pershing

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) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) General Arteriosclerosis — Years

DUE TO (c) 331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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 1950, to May 22/62 and last saw ~~her~~ him alive on 4/28/62

Death occurred at 2 30 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Daniel L. Stephens (Degree or title) M. D.

22b. ADDRESS 634 N. Grand Ave

22c. DATE SIGNED 5/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

23b. DATE 5/23 1962

23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory

23d. LOCATION (City, town, or county) St. Louis County (State) Mo

24. FUNERAL DIRECTOR C. R. Lupton and Sons ADDRESS 7233 Delmar

25. DATE RECD. BY LOCAL REG. MAY 23 1962

26. REGISTRAR'S SIGNATURE Earl Smith, M.D. ✓

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	212		7/2
3			
4	6		
5	1		
6			
7	1		
8	2		
9			
10			
11			
12	70-c		
13			

90

BY AFFIDAVIT OF DOCUMENT

Simpson
Dr. Daniel Sexton
Mo. Theatre Bldg.
Hemorrhage
Before 10 am
Vice City

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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.