

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012698

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 118

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 11 1963

1. PLACE OF DEATH  
a. COUNTY Pettis  
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in 1b 50 yrs  
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 405 N. Mill St. Inside Limits Yes  No   
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MO. b. COUNTY Pettis  
c. CITY OR TOWN Sedalia Mo. Inside Limits Yes  No   
d. STREET ADDRESS (if outside, give location) 405 N. Mill St. Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last Thomas Robert Simpson  
4. DATE OF DEATH Month 4 Day 3 Year 63

5. SEX Male 6. COLOR OR RACE Negro 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH 12/13/1897 9. AGE (last birthday) 65 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) Labor 10b. KIND OF BUSINESS OR INDUSTRY Labor 11. BIRTHPLACE (City and state or country) Beamon Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Thomas W. Simpson 13b. MOTHER'S MAIDEN NAME Elizabeth English 14. NAME OF HUSBAND OR WIFE Myrtle Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) None 16. SOCIAL SECURITY NO. 94 17. INFORMANT Address Jennie B. Maupins

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Hypertensive heart disease  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
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 viewed as coroner and last saw her/him on \_\_\_\_\_  
Death occurred at 9:00 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chas Jordan Stauffer MD 22b. ADDRESS Coroner, Pettis Co 22c. DATE SIGNED 4-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 4/6/63 23c. NAME OF CEMETERY OR CREMATORY CROWN HILL Cemetery 23d. LOCATION (City, town, or county) Sedalia Mo. (State)

24. FUNERAL DIRECTOR Allen & Sons Funeral Home ADDRESS 117 E. Jefferson St 25. DATE RECD. BY LOCAL REG. 7 April 5, 1963 26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

APR 11 1963

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STATEMENT BY LICENSED EMBALMER

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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 Rev. L. D. Hardiman

Licensed Embalmer No. 4387

P. O. Address Padelia 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.