MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015533
STATE FILE NUMBER

Registration District No. 707 Primary Registration District No. 3019 Registrar's No. 83

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0355
2 8030
3
4 1
5 1
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7 1
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9 550.1
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12 2-0
13 5-1

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

FILED APR 29 1963

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kennett
Length of stay in 1b: 5 Hours
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Dunklin County Memorial Hospital
Inside Limits: Yes XX No ☐

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

3. NAME OF DECEASED (Type or print): First Edith Middle Estel Last Simpson

4. DATE OF DEATH: Month Feb. Day 27- Year 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-17-1918
9. AGE (last birthday): 44
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Arkansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Riley Lewis Book
13b. MOTHER'S MAIDEN NAME: Lattie B. Parton
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of serv XX
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Carolyn Burris Address: Rt. 1 Piggott

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): Cardiac arrest & Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 3-4 Hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Ruptured appendix & — 1 day.
DUE TO (c): peritonitis.

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 2-26-63 to 2-27-63 and last saw her alive on 2-27-63
Death occurred at 2.30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul Miltenberger M.D.
22b. ADDRESS: Kennett Mo.
22c. DATE SIGNED: 4-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-2-1963
23c. NAME OF CEMETERY OR CREMATORY: Mitchell Cemetery
23d. LOCATION (City, town, or county): Greenway (State) Ark.

24. FUNERAL DIRECTOR ADDRESS: Lloy Russell Piggott Ark.
25. DATE RECD. BY LOCAL REG.: 4-27-1963
26. REGISTRAR'S SIGNATURE: Carl Husband

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.