

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019021
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 119

FILED JUN 10 1963

VS 300
Rev. 4/59

1 0071
2 0071
3
4 0
5 3
6
7 0
8 0
9 2043
10
11
12 1-0
13 1-0

DATE AMENDED
INSTEAD OF
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY BATES	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BUTLER		Length of stay in 1b 3 Mo.	c. CITY OR TOWN BUTLER Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BATES CO. MEMORIAL HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) BETHEL HOME Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES ALEXANDER SIMPSON			4. DATE OF DEATH Month Day Year June 6th 1963
5. SEX Male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/6/1871
9. AGE (last birthday) 91		IF UNDER 1 YEAR Months 7 Days 8 Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Bates Co Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Wm H Simpson	
13b. MOTHER'S MAIDEN NAME Sarah		14. NAME OF HUSBAND OR WIFE Fannie Simpson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates.) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Anna Herrmann, Butler Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute lymphatic Leukemia DUE TO (b) Leukemia DUE TO (c) Secondary Anemia			INTERVAL BETWEEN ONSET AND DEATH 6 Mos 6 Mos
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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour Month, Day, Year s.m. p.m.			
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	COUNTY STATE
21. I attended the deceased from Jan 10, 1963 to June 6, 1963 and last saw her alive on June 6, 1963 Death occurred at 2:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charles W. Butler M.D.		22b. ADDRESS Butler Missouri	22c. DATE SIGNED 6/7/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/9/63	23c. NAME OF CEMETERY OR CREMATORY Oakhill	23d. LOCATION (City, town, or county) (State) Butler Missouri
24. FUNERAL DIRECTOR ADDRESS Culver Underwood, Butler Missouri		25. DATE RECD. BY LOCAL REG. 6-7-1963	26. REGISTRAR'S SIGNATURE Thomas J. Wilson

USE BLACK INK
OR
TYPEWRITER RIBBON

120010-001

EMERALD HILL COLLEGE

JUN 1 1963

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 John H. Henderson

Licensed Embalmer No. 3585

P. O. Address Butler Missouri

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.

Permit issued 6-7-63 NMB