

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-021029

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 276 Primary Registration District No. 14110 Registrar's No. 22

FILED MAY 20 1963

VS 300
Rev. 4/59

1 0810

2 08102

3

4 1

5 2

6

7 0

8 0

9 4221

10

11

12 90-0

13 2-0

DATE/AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Phelps County St. James Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. James		Length of stay in 1b 18 months	c. CITY OR TOWN St. James Inside Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Soldiers Home St. James Mo. Inside Limits? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) St. James Missouri Reside on Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lois Middle P Last Simpson			4. DATE OF DEATH Month 5 Day 10 Year 63
5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-24-1877
9. AGE (last birthday) 85		IF UNDER 1 YEAR Months 5 Days 10 Hours 63 Min.	IF UNDER 24 HR Months 5 Days 10 Hours 63 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Nurse		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis Missouri
12. CITIZEN OF WHAT COUNTRY United States		13a. FATHER'S NAME Chris t Petersen	
13b. MOTHER'S MAIDEN NAME Elizabeth Rephoon		14. NAME OF HUSBAND OR WIFE deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) Yes World War I		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Myrtle Nitchman 9845 Highway 67 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) Degenerative heart disease arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last. DUE TO (b) arteriosclerosis DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 5 yrs
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 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 4:30 a.m. P Month, Day, Year 6-10-62	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 St. James COUNTY Phelps STATE Mo.
21. I attended the deceased from 6-10-62 to 5-9-63 and last saw ^{her} _{him} alive on 5-9-63 Death occurred at 4:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature] M.D.		22b. ADDRESS St. James Mo.	22c. DATE SIGNED 5-11-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 14th 1963	23c. NAME OF CEMETERY OR CREMATORY Bethany
23d. LOCATION (City, town, or county) St. Louis County		23e. STATE Missouri	
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair Ave St. Louis, Missouri		25. DATE RECD. BY LOCAL REG. May 11, 1963	26. REGISTRAR'S SIGNATURE Ruth B. Powell

USE BLACK INK OR TYPEWRITER RIBBON

MAY 22 1963

0122

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 Jules R Brown
Licensed Embalmer No. 5146

P. O. Address Shrewsbury, 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.