

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046586

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3746

FILED DEC 16 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
1 <u>4031</u>						
2 <u>4010</u>						
3						
4 <u>7</u>						
5 <u>3</u>						
6						
7 <u>0</u>						
8 <u>3</u>						
9 <u>332KF</u>						
10						
11						
12 <u>43-2</u>						
13						
ITEM NO.	SHOULD READ					

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Normandy		Length of stay in 1b 10 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Osie Elizabeth Simpson		4. DATE OF DEATH Dec. 7, 1963.	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-19-75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ----	9. AGE (last birthday) 88
13a. FATHER'S NAME Jess Austin		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE L. D. Simpson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no; or unknown) (If yes, give war or dates of serv) No		16. SOCIAL SECURITY NO. ---	17. INFORMANT Mrs. Thomas Arnold, Berkeley, Mo.
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 + Pulmonary Arrest DUE TO (b) Cerebral Infarction DUE TO (c) Cerebral thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Intertrochanteric fracture of left femur.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) 11-27-63 "Patient had been lying down, started to get up & turned blind & fell."	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION ST Louis Co., Mo	
21. I attended the deceased from 11-27-63 to 12-7-63 and last saw her alive on 12-6-63 Death occurred at 8:40 A. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Paul J. Gark...</i> (Degree or title)	
22b. ADDRESS ST Louis Co., Mo		22c. DATE SIGNED 12/9/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-9-63	23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	23d. LOCATION (City, town, or county) Brookfield, Mo.
24. FUNERAL DIRECTOR White-Mullen Mortuary, Ferguson, Mo.		25. DATE RECD. BY LOCAL REG. 12-9-63	
26. REGISTRAR'S SIGNATURE <i>John B. M... 12/8</i>			

USE BLACK INK OR TYPEWRITER RIBBON

12-10-83

RECEIVED DEC 1 1983

Dr. Bunker
9520 York Bridge Room 103
0 0 0
0 0 0
0 0 0

St. Louis	10 days	Normandy	Female	Housewife	Leas Austin	No
Missouri	Berkeley	Normandy Osteopathic Hosp.	White	-----	Unknown	---
8321 Whitewater Ave.						
Dec. 7, 1983	Simpson	Elizabeth	7-19-72	88	L. D. Simpson	Mrs. Thomas Arnold, Berkeley, Mo.
U. S.	Bucklin, Mo.	-----				

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 Reinhold K. Johnson

Licensed Embalmer No. 3395

P. O. Address Spring 3570

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.

Brookfield, Mo.	Rose Hill Cemetery	12-9-83	Removal
			White-Miller Mortuary, Ferguson, Mo.

43-5