No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7219

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 943

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Mississippi
c. CITY OR TOWN East Prairie,
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) Rt. # 2 East Prairie, Mo.

0670

3. NAME OF DECEASED (Type or Print)
a. (First) Mary
b. (Middle) Jane
c. (Last) Simpkins

4. DATE OF DEATH (Month) (Day) (Year) January 22, 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 11, 1893
9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. 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 Self
11. BIRTHPLACE (City and State or Foreign Country) Dunklin Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Daniel J. Owens
13b. MOTHER'S MAIDEN NAME Mary L. Swindle
14. NAME OF HUSBAND OR WIFE Ben Simpkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME Ben Simpkins — ADDRESS Rt. 2 East Prairie, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous cell carcinoma of cervix with metastases — INTERVAL BETWEEN ONSET AND DEATH 4 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 17/X
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 4, 1955, *to* Jan. 22, 1956, *that I last saw the deceased alive on* Jan. 22, 1956, *and that death occurred at* 12:20 pm., *from the causes and on the date stated above.*

23a. SIGNATURE C. R. Vermillion, M.D. (Degree or title) M. D.
23b. ADDRESS BARNES HOSPITAL
23c. DATE SIGNED 1/22/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/24/1956
24c. NAME OF CEMETERY OR CREMATORY Dogwood
24d. LOCATION (City, town, or county) Dogwood Missouri (State)

DATE REC'D BY LOCAL REG. JAN 27 1956
REGISTRAR'S SIGNATURE J. Earl Smith MD MXB.
25. FUNERAL DIRECTOR'S SIGNATURE Mc Mikle Funeral Home — ADDRESS East Prairie, Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 27 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Francis J. Wyland Jr

Licensed Embalmer No. 45-1

P. O. Address .. St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.