

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014668

STATE FILE NUMBER

FILED APR 2 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 151

300
1-57

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JOPLIN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>JOPLIN</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2232 GRAND</u>		Length of stay in lb <u>NO RECORD</u>	d. STREET ADDRESS (If outside, give location) <u>2232 GRAND</u> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>MAC</u> Middle <u>K</u> Last <u>SIMPSON</u>			4. DATE OF DEATH Month <u>MAR</u> Day <u>14</u> Year <u>1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. <u>UNKNOWN</u> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV. 7, 1874</u>	9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> IF UNDER 24 HRS.: Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NO RECORD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NO RECORD</u>	11. BIRTHPLACE (City and state or country) <u>ANDREW CO., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>NO RECORD</u>		13b. MOTHER'S MAIDEN NAME <u>NO RECORD</u>		14. NAME OF HUSBAND OR WIFE <u>NO RECORD</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no, or unknown) (If yes, give war & dates of service) <u>NO RECORD</u>		16. SOCIAL SECURITY NO. <u>NO RECORD</u>	17. INFORMANT Address <u>MRS. GAYNELLE TURNER, JOPLIN, Mo</u>		

Corrected by affidavit 4/30/58 by <u>AC</u>	CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>1 wk.</u> <u>Unknown</u>
	IMMEDIATE CAUSE (a) <u>chronic medullary failure</u>		
	Conditions, if any, which gave rise to above cause (a), stating the underlying course last.	DUE TO (b) <u>Cerebral hemorrhage</u>	
		DUE TO (c) <u>Arteriosclerosis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 <u>9:20</u> Month, Day, Year <u>Mar. 12, 1958</u> 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 <u>JOPLIN</u>	COUNTY <u>Mo</u>	STATE <u>Mo</u>
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21. I attended the deceased from Mar. 12, 1958 to Mar. 14, 1958 and last saw her alive on Mar. 12, 1958
Death occurred at 9:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>W. E. Hilburn MD</u>	22b. ADDRESS <u>521 W. 4th Joplin, Missouri</u>	22c. DATE SIGNED <u>3-19-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MAR 19 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEM</u>	23d. LOCATION (City, town, or county) <u>JOPLIN</u>	(State) <u>Mo</u>
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24. FUNERAL DIRECTOR <u>HURLBUT GLOVER</u>	ADDRESS <u>JOPLIN</u>	25. DATE RECD. BY LOCAL REG. <u>3-28-58</u>	26. REGISTRAR'S SIGNATURE <u>Noce Merriam</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

County File Number 58-3-312
Date Filed MAR 31 1958

Kelbanc
Gen.

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 Dale Glen

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.