

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014765

STATE FILE NUMBER

FILED APR 25 1958 Registration District No. 160 Primary Registration District No. 559 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOACHIM TOWNSHIP Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN PEVELY 0500 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFF MEMORIAL HOSP Length of stay in lb 3 WKS.		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First FRED Middle SIMPSON Last SIMPSON			4. DATE OF DEATH Month APR. Day 14 Year 1958			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH MAY 4, 1895	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) HOPEWELL, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME EDWARD P. SIMPSON			14. MOTHER'S MAIDEN NAME MARY E. LECLERE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT Address MRS. E.W. TRUDO, PEVELY, 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) Staphylococcal lung abscess (Aureus)		INTERVAL BETWEEN ONSET AND DEATH 8 weeks
DUE TO (b) Lower left lobe		
DUE TO (c) Rupture diverticulum of colon		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) into lesser Peritoneal cavity 12/27/57 5721		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 3:00 p. Month, Day, Year		
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 12/24/58 to 4/16/58 and last saw ^{her} him alive on 4/16/58 Death occurred at 3:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Dr. E. J. ... (Degree or title)	22b. ADDRESS Herculaneum, Mo.	22c. DATE SIGNED 4/17/58

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE APR. 19, 1958	23c. NAME OF CEMETERY OR CREMATORY HERCULANEUM	23d. LOCATION (City, town, or county) (State) HERCULANEUM, MO.
24. FUNERAL DIRECTOR James R. Cady ADDRESS Crystal City, Mo.	25. DATE RECD. BY LOCAL REG. 4/18/58	26. REGISTRAR'S SIGNATURE John N. Stubb	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare & Public Service
300
1-56
All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

0500

MEDICAL CERTIFICATION

JANUARY 1958
SANTANA COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
APR 22 1958

1958
MAY 6

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 *James Richard Cady*
Licensed Embalmer No. 430

P. O. Address *Crystal City*

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