

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015016

STATE FILE NUMBER

FILED APR 30 1958

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 24

300
1-57
0661

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ELDON</u>		c. CITY OR TOWN <u>ELDON 0661</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>W. 12th St</u>		d. STREET ADDRESS (If outside, give location) <u>W. 12th St.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>EVA MAY SIMPSON</u>		4. DATE OF DEATH Month Day Year <u>APR. 7 1958</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>CAUCASIAN</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 12, 1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>LAMONTE, MD. 0</u>
13a. FATHER'S NAME <u>ROBERT WITTEN</u>		13b. MOTHER'S MAIDEN NAME <u>REBECCA JANE WALL</u>	14. NAME OF HUSBAND OR WIFE <u>ALONZO SIMPSON</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>CARL SIMPSON ELDON, MD.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PROFOUND TOXEMIA</u> DUE TO (b) <u>PARALYTIC INTESTINAL OBSTRUCTION</u> DUE TO (c) <u>REGIONAL ILIETIS</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>5720</u>
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 <u>9/17/55</u> to <u>4/7/58</u> and last saw ^{her} _{him} alive on <u>4/7/58</u> Death occurred at <u>4:10 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Robert O. Wondersky, D.D.S.</u>		22b. ADDRESS <u>ELDON, MISSOURI</u>	22c. DATE SIGNED <u>4/8/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>APR. 10, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SPRING GARDEN</u>	23d. LOCATION (City, town, or county) (State) <u>EUGENE MD.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Louis W. Phillips ELDON</u>		25. DATE REC'D; BY LOCAL REG. <u>April 8, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Alvaretta Waltz</u>

RECEIVED

APR 23 '58

Miller County
Health Department

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 *Louis W. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Bedon*

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.