

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042977

STATE FILE NUMBER

FILED DEC 5 1958

Registration District No. 338

Primary Registration District No. 3074

Registrar's No. 212

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-57

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>SCOTT</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>SIKESTON</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>SIKESTON</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MO. DELTA COMMUNITY</b>		Length of stay in lb <b>10 -Hr.</b>	d. STREET ADDRESS <b>229, Dixie</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ALBERT</b> Middle Last <b>SIMPSON</b>			4. DATE OF DEATH Month <b>11</b> - Day <b>16</b> - Year <b>58</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>COLORED</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>6-9-1900</b>		9. AGE (In years last birthday) <b>58</b>
10a. USUAL OCCUPATION (Give kind of work done during most of adult life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Mississippi</b>	
12. CITIZEN OF WHAT COUNTRY? <b>America</b>		13a. FATHER'S NAME <b>Johnny Simpson</b>		13b. MOTHER'S MAIDEN NAME <b>Joanna Wallace</b>	
14. NAME OF HUSBAND OR WIFE <b>Minnie Major Simpson</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>427-16-5675</b>	
17. INFORMANT <b>Minnie Simpson</b>		Address <b>229 Dixie, Sikeston Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CEREBRAL HEMORRHAGE</b> Ess. HYPERTENSION, SEVERE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
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"/>		INTERVAL BETWEEN ONSET AND DEATH <b>12 HRS</b>	
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.) <b>331X</b>			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 _____ to _____ and last saw her alive on _____ Death occurred at <b>11.16.58 5:56 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Carl G. Poppe M.D.</b>		22b. ADDRESS <b>SIKESTON, MO.</b>	
22c. DATE SIGNED <b>11.16.58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>11-19-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>SUNSET</b>		23d. LOCATION (City, town, or county) <b>SIKESTON MO.</b>		(State)	
24. FUNERAL DIRECTOR <b>ALVIN DOTSON</b>		ADDRESS <b>SIKESTON, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>11-25-58</b>	
26. REGISTRAR'S SIGNATURE <b>Thomas C Durdon</b>					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

VS JUN 23 1960

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 D. Marshall .....

Licensed Embalmer No. 4661 .....  
P. O. Address W. H. ... .....

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.