THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004958

STATE FILE NUMBER

FILED FEB 25 1959 Registration District No. 88 Primary Registration District No. 5330 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY CRAWFORD
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHERRYVILLE — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b 18 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI — b. COUNTY CRAWFORD
c. CITY OR TOWN CHERRYVILLE 0286 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: DALE ALLEN SIMPSON
4. DATE OF DEATH Month Day Year: FEB. 13 - 1959
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: JAN. 25 - 1959
9. AGE (In years last birthday) — IF UNDER 1 YEAR Months Days: 20 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): STEELVILLE, MO.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JOHN T. SIMPSON
14. MOTHER'S MAIDEN NAME: LILLIE OXENDINE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Address: JOHN SIMPSON - CHERRYVILLE, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Marasmus — INTERVAL BETWEEN ONSET AND DEATH 20 days.
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): Respiratory infection. 7730
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan 25, 1959, to Feb 12, 1959 and last saw ~~her~~ him alive on Feb 12, 1959
Death occurred at 3:30 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] D.O.
22b. ADDRESS: Steelville Mo
22c. DATE SIGNED: 2/17/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 2/14/59
23c. NAME OF CEMETERY OR CREMATORY: FRAZIER CEMETERY
23d. LOCATION (City, town, or county) (State): DENT Co., MO.

24. FUNERAL DIRECTOR ADDRESS: Thomas L. Halbert - STEELVILLE, MO.
25. DATE RECD. BY LOCAL REG.: 2/21/59
26. REGISTRAR'S SIGNATURE: Mrs. Hazel Lichius

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

by me, or by .....Not Embalmed....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Thomas S. Halbert

Licensed Embalmer No. 4

P. O. Address Steelville

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.