

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020804

STATE FILE NUMBER

JUL 1 1959 Registration District No. 88 Primary Registration District No. 5326 Registrar's No. 27

S. 300  
1-57

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  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Crawford</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Crawford</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Meramec</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Huzzah</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2 mi. E. of Steelville</b>		Length of stay in lb <b>2 wk.</b>	d. STREET ADDRESS (If outside, give location) <b>228 0 0</b>
3. NAME OF DECEASED (Type or print) First <b>Isabelle</b> Middle Last <b>Staples</b>		4. DATE OF DEATH Month <b>6</b> - Day <b>23</b> - Year <b>59</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4-4-65</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <b>94</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10c. IF UNDER 1 YEAR Months <b>2</b> Days <b>19</b>
11. BIRTHPLACE (City and state or country) <b>Huzzah, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Blake Simpson</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Sanders</b>	
14. NAME OF HUSBAND OR WIFE		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>None</b>		17. INFORMANT <b>Mrs. Ruth Johnson</b> Address <b>Huzzah, 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>Myocardial Infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>15 days</b>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</b>			<b>15 days</b>
DUE TO (c) <b>Coronary Atherosclerosis</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cerebral Vascular Thrombosis 4/201</b>			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 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 <b>10-12-57</b> to <b>6-23-59</b> and last saw <sup>her</sup> <del>him</del> alive on <b>6-23-59</b> Death occurred at <b>10:10 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Abraham M. P.</b>		22b. ADDRESS <b>Steelville, Mo.</b>	
22c. DATE SIGNED <b>6-25-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>6-25-59</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Sanders</b>		23d. LOCATION (City, town, or county) (State) <b>Crawford, Mo.</b>	
24. FUNERAL DIRECTOR <b>Harry Jonas</b>		25. DATE RECD. BY LOCAL REG. <b>6/27/59</b>	
ADDRESS <b>Steelville</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Hazel Lichius</b>	

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 *Harry M. Jones*

Licensed Embalmer No. *2628*

P. O. Address *steelville*

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.