RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 11 1959

59-030011
STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 161

DED

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rolla
Length of stay in 1b: 14 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 100 East 1st.,
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Phelps
c. CITY OR TOWN: Rolla
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 100 East 1st.,
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: LETTIE Middle: SIMPSON Last: HILL
4. DATE OF DEATH: Month: August Day: 28, Year: 1959

5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2/12/1883
9. AGE (last birthday): 76
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (City and state or country): Rolla, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Jackson Simpson
13b. MOTHER'S MAIDEN NAME: Marie Askins
14. NAME OF HUSBAND OR WIFE: Edward Hill (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 497-05-9207
17. INFORMANT: Bertha Boyd Address: 100 E 1st., Rolla, 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): cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis
DUE TO (c): senility
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Grand-Mal Epilepsy
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 July 1958, to 8/28/59 and last saw her alive on 8/28/59
Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Harry D. Butts (Degree or title) MD
22b. ADDRESS: Rolla, Mo.
22c. DATE SIGNED: 8/31/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/30/1959
23c. NAME OF CEMETERY OR CREMATORY: Rolla Cemetery
23d. LOCATION (City, town, or county) (State): Rolla, Mo.

24. FUNERAL DIRECTOR: Carl J. Glenn ADDRESS: West 10th. Rolla, Mo.
25. DATE RECD. BY LOCAL REG.: Aug 31, 1959
26. REGISTRAR'S SIGNATURE: Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____ me, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Carl J. Glenn

Licensed Embalmer No. 4202

P. O. Address Rolla, Mo

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