

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011957

FILED VS MAR 28 1960

STATE FILE NUMBER

Registration District No. 255 Primary Registration District No. 5821 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY OREGON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OREGON	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ALTON		Length of stay in 1b 57 year	c. CITY OR TOWN ALTON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last PEARL HESTER SIMPSON			4. DATE OF DEATH Month Day Year MARCH 12 1960			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-25-1903	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (City and state or country) OREGON CO. MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME GEORGE WATSON		13b. MOTHER'S MAIDEN NAME MARTHA BARRET		14. NAME OF HUSBAND OR WIFE ELZIE SIMPSON		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT ELZIE SIMPSON	Address ALTON, MISSOURI
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary occlusion	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Hypertensive C.V. disease	
DUE TO (b)	Coronary of ovary	
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m.	Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <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 ALTON, MISSOURI	COUNTY ALTON, MISSOURI	STATE
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21. I attended the deceased from _____, to _____ and last saw her/him alive on **3-11-60**
Death occurred at **12:15 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>A. D. ...</i>	(Degree or title) Dr. D	22b. ADDRESS <i>Mountain View Ark</i>	22c. DATE SIGNED 3-22-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-14-60	23c. NAME OF CEMETERY OR CREMATORY SMYRNA CEMETERY	23d. LOCATION (City, town, or county) (State) ALTON, MISSOURI
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24. FUNERAL DIRECTOR <i>Carter Linn Home - Maize Mo</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. 3-26-60	26. REGISTRAR'S SIGNATURE <i>Mrs W.C. Johnson</i>
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DOCUMENT

MEDICAL CERTIFICATION

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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4071

P. O. Address West Park

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