

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041923

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 140

STATE FILE NUMBER

AMENDED

FILED DEC 12 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Perry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Perry</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Perryville</u>			Length of stay in 1b		c. CITY OR TOWN <u>Perryville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) <u>Perry County Memorial Hospital</u>				Inside Limits		d. STREET ADDRESS (If outside, give location) <u>320 W. Grand,</u>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Paul</u> Last <u>Simpson</u>				4. DATE OF DEATH <u>DEC 4</u> Month <u>4</u> Day <u>15</u> Year <u>1961</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>May 16, 1941</u>		9. AGE (last birthday) <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto</u>		11. BIRTHPLACE (City and state or country) <u>Cape Girardeau, Mo., -U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>James Paul Simpson Sr.</u>			13b. MOTHER'S MAIDEN NAME <u>Helen Lehrer</u>			14. NAME OF HUSBAND OR WIFE <u>Carole Simpson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				INFORMANT <u>Mrs. Carole Simpson,</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed Chest</u> DUE TO (b) <u>Multiple fracture</u> DUE TO (c) <u>Coronar of Perry County, Mo.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>Impact Car Collision</u>			
20c. TIME OF INJURY <u>5:55A</u> Hour <u>12</u> Month <u>4</u> Day <u>61</u> Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <u>Coronar of Perry County, Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>Perryville Perryville Mo</u> COUNTY STATE	
21. I attended the deceased from _____ to _____, her death occurred at <u>5:55 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Dr. McMan</u> (Degree or title) Coronar of Perry County, Mo.				22b. ADDRESS <u>Perryville</u>			22c. DATE SIGNED <u>12/10/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 6, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cem.,</u>		23d. LOCATION (City, town, or county) <u>Perryville, Mo.</u>		
24. FUNERAL DIRECTOR <u>Albert Bey, Perryville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>12-6-61</u>		26. REGISTRAR'S SIGNATURE <u>Joel J. Zoellner</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Albert Ray

Licensed Embalmer No. 3886

P. O. Address Chonville, Mo

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.