

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014675

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 172

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

<b>FILED MAY 4 1962</b>	
1. PLACE OF DEATH	
a. COUNTY <b>Cole</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b>	a. STATE <b>Mo.</b> b. COUNTY <b>Miller</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Memorial Hospt</b>	c. CITY OR TOWN <b>Eldon</b>
Length of stay in 1b <b>16 days</b>	d. STREET ADDRESS (If outside, give location) <b>Rt. 1</b>
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First <b>Celeste</b>	Middle <b>Margaret</b>
Last <b>Simpson</b>	4. DATE OF DEATH Month <b>Apr.</b> Day <b>29,</b> Year <b>1962</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Caucasian</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>7-13-1893</b>
9. AGE (last birthday) <b>68</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Frank Patrick Slane</b>	13b. MOTHER'S MAIDEN NAME <b>Eva Helen Maus</b>
14. NAME OF HUSBAND OR WIFE <b>George L. Simpson</b>	
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>Geo. L. Simpson Jr.</b>	Address <b>Eldon</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>Cerebral Vasculen thrombosis &amp; ulcers</b>
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). <b>Post Operative Cholelithotomy + Rupture of Spleen</b>	
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 <b>Eldon</b>	
COUNTY <b>Miller</b>	
STATE <b>Mo.</b>	
21. I attended the deceased from <b>7-13-61</b> to <b>4-29-62</b> and last saw her live on <b>4-29-62</b> Death occurred at <b>4:00</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Russell O. Clark, M.D.</b>	(Degree or title)
22b. ADDRESS <b>Jefferson City, Mo</b>	22c. DATE SIGNED <b>4-30-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-1-1962</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Eldon</b>	23d. LOCATION (City, town, or county) <b>Eldon, Missouri</b>
24. FUNERAL DIRECTOR <b>Charles General Home</b>	ADDRESS <b>Eldon</b>
25. DATE RECD. BY LOCAL REG. <b>1 May 1962</b>	26. REGISTRAR'S SIGNATURE <b>R.P. Davis</b>

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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SHOULD READ

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USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

MAY 8 1962

**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 Louis W. Phillips

Licensed Embalmer No. 2669

P. O. Address Medon

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.