

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030812

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 124

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0470

2 0470

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Iron		SEP 14 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		a. STATE Missouri COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		Length of stay in 1b 3 days		c. CITY OR TOWN Arcadia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS general delivery (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) EARL SIMPSON			First Middle Last		4. DATE OF DEATH Sept. 8 1962		
5. SEX male		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 Dec. 18 1903	
9. AGE (last birthday) 58		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) black smith		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R. R.	
11. BIRTHPLACE (City and state or country) Butler Co. Mo.		12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Everette Simpson		13b. MOTHER'S MAIDEN NAME Harriet Smith	
14. NAME OF HUSBAND OR WIFE Genevieve 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.		17. INFORMANT Genevieve Simpson, Arcadia Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis of liver		DUE TO (b)		DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 1 year	
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.		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		COUNTY		STATE		21. I attended the deceased from 9-5-62 , to 9-8-62 and last saw ^{her} him alive on 9-8-62 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Marvin C. Moore M.D.</i> (Degree or title)		22b. ADDRESS Ironton, Missouri		22c. DATE SIGNED 9-10-62		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE 9-11-62		23c. NAME OF CEMETERY OR CREMATORY Arcadia Valley Memorial Park, Ironton Mo.		23d. LOCATION (City, town, or county) Ironton Mo. (State)		24. FUNERAL DIRECTOR <i>Wm. J. White</i> White Funeral Home, Ironton, Mo.	
25. DATE RECD. BY LOCAL REG. 9-10-62		26. REGISTRAR'S SIGNATURE <i>Mrs. Aris Jones</i>					

USE BLACK INK OR TYPEWRITER RIBBON

SEP 14 1962

Permit obtained 9-10-62

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 Ancely White

Licensed Embalmer No. 3012

P. O. Address Quinton, 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.