

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67-0046804

STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 444 Registrar's No. 444(18)

FILED DEC 12 1967

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1010

2 1010

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>SHANNON</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Eminence Twp</u>		Length of stay in 1b	c. CITY OR TOWN <u>Winona</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Winona</u>	
3. NAME OF DECEASED (Type or print) First <u>Willie</u> Middle <u>Ernest</u> Last <u>Simpson</u>			4. DATE OF DEATH Month <u>12</u> Day <u>10</u> Year <u>1967</u>		
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</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>5-28-1910</u>	9. AGE (last birthday) <u>57</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumber Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Timber</u>		11. BIRTHPLACE (City and state or country) <u>Langron, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry L. Simpson</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy C. Adams</u>	
14. NAME OF HUSBAND OR WIFE <u>Irene 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>		16. SOCIAL SECURITY NO. <u>496-01-0711</u>	
17. INFORMANT <u>Irene Simpson-Winona, Mo.</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>Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u> <u>10 min.</u>	
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 <u>post-mortem only</u> and last saw her/him alive on <u>2 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Denton Wilson, D.O. - Coroner</u>		(Degree title) County <u>Shannon</u>		22b. ADDRESS <u>Eminence, Mo.</u>	22c. DATE SIGNED <u>12-11-67</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-13-67</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Eminence</u>		23d. LOCATION (City, town, or county) <u>Eminence</u>	(State) <u>Mo.</u>
24. FUNERAL DIRECTOR <u>Clary Funeral Home - Winona, Mo.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>12-11-67</u>	26. REGISTRAR'S SIGNATURE <u>Shelby Jackson</u>	

JAN 11 1968

Permit issued Prior to Burial

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 Ernest E. Clary

Licensed Embalmer No. 5118

P. O. Address WINONA, 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.

Handwritten notes and scribbles at the bottom of the page.