No. 300
10.48

FILED JAN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40630

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 156

1. PLACE OF DEATH
a. COUNTY Cooper.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boonville Mo.
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Howard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Franklin Mo.
d. STREET ADDRESS (If rural, give location) M.K.T. Hotel

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) JAMES Albert Simpich

4. DATE OF DEATH (Month) (Day) (Year) Dec. 25-1949

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Jan. 16-1881.

9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY MK. T RR. Co.

11. BIRTHPLACE (State or foreign country) Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Frederick Simpich

13b. MOTHER'S MAIDEN NAME Sarah E. Brush.

14. NAME OF HUSBAND OR WIFE Single

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'S SIGNATURE OR NAME Phil Simpich — ADDRESS Columbia Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis — INTERVAL BETWEEN ONSET AND DEATH 15 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. chr nephritis arteriosclerosis

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? _____

22. *I hereby certify that I attended the deceased from* Aug 15, 1945, *to* Dec 24, 1949, *that I last saw the deceased alive on* Dec 24, 1949, *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE G. L. Chamberlain (Degree or title) M.D.

23b. ADDRESS New Franklin Mo

23c. DATE SIGNED 12-28-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-27-49

24c. NAME OF CEMETERY OR CREMATORY Mt Pleasant.

24d. LOCATION (City, town, or county) (State) New Franklin, Mo.

DATE REC'D BY LOCAL REG. Dec 29-1949

REGISTRAR'S SIGNATURE D. Hooper 381

25. FUNERAL DIRECTOR'S SIGNATURE C. S. Klein Con — ADDRESS New Franklin

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 5
District Health Officer No. 8,
District File Number
Date Filed 1-11-50

JAN 12 1950

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 .....
Student Embalmer

Signed R. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin, M

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 this body is not embalmed, fact should be so stated above.