

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4618

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5480 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton Twp. Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RURAL S.E. Trenton</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL 2 mi S.E. Trenton</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LAURA</u>	b. (Middle) <u>FRANCES</u>	c. (Last) <u>SIMPSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 8 1950</u>
----------------------------------------	-------------------------	----------------------------	--------------------------	---------------------------------------------------------------

5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>JAN 10 1882</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Min. <u>68 1 28</u>
-------------------------	------------------------------	--------------------------------------------------------------------	----------------------------------------	-----------------------------------------------------------------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>Clinton County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
-----------------------------------------------------------------------------------------------------------------	--------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------

13a. FATHER'S NAME <u>WILLIAM PARKS</u>	13b. MOTHER'S MAIDEN NAME <u>JAMINA JANE CHANEY</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM 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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. M. Simpson</u>	ADDRESS <u>872 1/2 N. Main</u>
-----------------------------------------------------------------------------------------------------------------------	----------------------------------------	-----------------------------------------------------------	-----------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>4201</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u>		
	DUE TO (c) <u>Hyper-tension - cerebral</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--------------------------------------------------------------------------

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from on March 8, 1950, that I last saw the deceased alive on on February and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. M. Simpson</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>3-8-50</u>
----------------------------------------	-----------------------------	-----------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MARCH 10 1950</u>	24c. NAME OF CEMETERY, OR CREMATORY <u>Lathrop Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Lathrop MO</u>
------------------------------------------------------------	-----------------------------------	-----------------------------------------------------------	--------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>3/10/1950</u>	REGISTRAR'S SIGNATURE <u>Lucene Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Navis-Blackburne</u>	ADDRESS <u>Denton Mo</u>
----------------------------------------------	---------------------------------------------	-------------------------------------------------------------	-----------------------------

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

400  
1

1961 MAY 7



**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.