

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 25 1950

State File No. 17381

BIRTH NO. _____		REG. DIST. NO. <u>385</u>		PRIMARY REG. DIST. NO. <u>3039</u>		Registrar's No. <u>359</u>			
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marceline</u>		c. LENGTH OF STAY (in this place) <u>47 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marceline,</u>		0581			
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>none</u>				d. STREET ADDRESS (If rural, give location) <u>624 N. Kansas Ave.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u>			b. (Middle) <u>Franklin</u>		c. (Last) <u>Simpson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 21, 1950</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 5, 1868</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u>6</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dry Goods</u>		11. BIRTHPLACE (State or foreign country) <u>Mt. Sterling, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Samuel Simpson</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth McMurray</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie 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>Elino. path</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Robt. Cruze, Marceline, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>July</u> , 19 <u>46</u> , to <u>March 21</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>March 14</u> , 19 <u>50</u> , and that death occurred at <u>8 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Philip G. Ottman, M.D.</u>				23b. ADDRESS <u>Marceline, Mo.</u>		23c. DATE SIGNED <u>3/22/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 23, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>Marceline, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3/22/50</u>		REGISTRAR'S SIGNATURE <u>Mary Jane Owen</u>		406 25. FUNERAL DIRECTOR'S SIGNATURE <u>James McLaughlin</u>		ADDRESS <u>Marceline, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

JAN 26 1954

MAY 25 1952



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.

Signed *Blanche M Laughlin*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 1909

P. O. Address M *Marceline, 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 this body is not embalmed, fact should be so stated above.