

FILED AUG 28 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 20251

BIRTH NO. _____		REG. DIST. NO. 388		PRIMARY REG. DIST. NO. 4552		Registrar's No. 42			
1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>WRIGHT</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MTN. GROVE</b>		c. LENGTH OF STAY (In this place) <b>5 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MTN. GROVE 1141</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. FULL NAME OF HOSPITAL OR INSTITUTION					
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>		b. (Middle)		c. (Last) <b>SIMPSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 13, 1950</b>			
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>		8. DATE OF BIRTH <b>June 24 - 1876</b>			
9. AGE (In years last birthday) <b>74</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>Blaintown Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <b>JOHN SIMPSON</b>			13b. MOTHER'S MAIDEN NAME <b>ANNA BLACK</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>JESSE SIMPSON</b>		ADDRESS <b>MTN. GROVE</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 Day</b>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b>				3 Day 2	
				DUE TO (c)				131X	
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 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)		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 <b>8-10</b> , 1950 to <b>8-12</b> , 1950 that I last saw the deceased alive on <b>8-12</b> , 1950 and that death occurred at <b>3:40 Am.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>W. G. Craig D.O.</b>				23b. ADDRESS <b>Mountain Grove, Mo.</b>		23c. DATE SIGNED <b>8-16-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>8/15/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CABOOL CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>CABOOL MO.</b>			
DATE REC'D BY LOCAL REG. <b>8-18-50</b>		REGISTRAR'S SIGNATURE <b>A. B. Ames</b>		348 0		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. E. Elliot</b> ADDRESS <b>Cabool</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 23 1950  
WRIGHT CO. HEALTH DEPT.  
County File Number 850103  
Date Filed AUG 26 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 *James L. Gentry*

Licensed Embalmer No. *4718*

P. O. Address *Calool, 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.