

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1532

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
c. LENGTH OF STAY (In this place) 65 yrs		d. STREET ADDRESS (If rural, give location) 226 W. Fourth St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 226 W. Fourth St.			

3. NAME OF DECEASED (Type or Print) LUCY		a. (First)		b. (Middle)		c. (Last) SIMPSON		4. DATE OF DEATH (Month) (Day) (Year) Jan 19, 1951	
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5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Dec 11, 1873		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 1 Days 8		IF UNDER 4 HRS. Hour Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) prop-storage co.				10b. KIND OF BUSINESS OR INDUSTRY storage				11. BIRTHPLACE (State or foreign country) California, Missouri				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Hampton Lynch Boon			13b. MOTHER'S MAIDEN NAME Sally Walker			14. NAME OF HUSBAND OR WIFE James R. Simpson		
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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. none		17. INFORMANT'S SIGNATURE OR NAME Miss Sally Boon, 226 W. 4th, Carthage, Mo		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)		Tubercular infection				20 months	
		ANTECEDENT CAUSES		Coronary atherosclerosis				20 years	
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)					
				DUE TO (c)				4208	
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"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 1-18, 1951, to 1-19, 1951, that I last saw the deceased alive on 1-19, 1951, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] MD U		23b. ADDRESS Carthage, Mo		23c. DATE SIGNED 1-20-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jan 22, 1951		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Mo	
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DATE REC'D BY LOCAL REG. 1-21-51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo.	
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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

X-

RECEIVED 1-30-51
County Health Office

County File Number 51-1-55
Date Filed 1-30-51

Jan 23 1951

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.