

FILED FEB 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5123**

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **5589** Registrar's No. **36**

490

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE Mo. b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Reeds Mo		c. CITY (If outside corporate limits, write RURAL and give township) 0490	
c. LENGTH OF STAY (In this place) 30 yrs		OR TOWN Reeds	
d. FULL NAME OF HOSPITAL OR INSTITUTION Starrs		d. STREET ADDRESS (If rural, give location) Mo	

3. NAME OF DECEASED a. (First) Fred Oliver b. (Middle) Simpson c. (Last) Simpson			4. DATE OF DEATH (Month) (Day) (Year) Feb 9 - 1951		
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5. SEX Male	6. COLOR OR RACE wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 3 - 1869	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Gunner	10b. KIND OF BUSINESS OR INDUSTRY Confectionery	11. BIRTHPLACE (State or foreign country) Brown Co Ill	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Barlow Simpson	13b. MOTHER'S MAIDEN NAME Palena Louise Willie Simpson	14. NAME OF HUSBAND OR WIFE Willie Simpson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Mrs Willie Simpson ADDRESS Reeds Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Chronic Glomerular Nephritis DUE TO (c) Congestive Heart Failure		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Dementia		592x	

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)	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 **Feb. 2**, 1951, to **Feb 9**, 1951, that I last saw the deceased alive on **Feb 8**, 1951, and that death occurred at **8:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. K. Kildane (Degree or title) Ch. O.	23b. ADDRESS Sarcope Mo.	23c. DATE SIGNED Feb 10 51.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/13/51	24c. NAME OF CEMETERY OR CREMATORY Reeds Cato	24d. LOCATION (City, town, or county) (State) Reeds Cato Mo
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DATE REC'D BY LOCAL REG. 2-10-51	REGISTRAR'S SIGNATURE J. B. Clutter, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Jackson & Son ADDRESS Mo
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RECEIVED 2/15/51
Jasper County Health Office

County File Number 51-2-124

Date Filed 2/15/51

MAR 12 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 _____

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.