

FILED APR 2 1951

STANDARD CERTIFICATE OF DEATH

State File No. 8923

BIRTH NO. _____		REG. DIST. NO. 20		PRIMARY REG. DIST. NO. 547		Registrar's No. 24	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Howard Twp</u>		c. LENGTH OF STAY (in this place) <u>65 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Howard Twp</u>		0381	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 1/2 mi South East of Denver mo</u>				d. STREET ADDRESS (If rural, give location) <u>5 1/2 mi South East of Denver mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDERSON</u> b. (Middle) <u>MONTOE</u> c. (Last) <u>SIMPSON</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>3-18-1951</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 11-1871</u>	
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Gentry Co - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Allison Simpson</u>		13b. MOTHER'S MAIDEN NAME <u>Bernice Findley</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Fine Claypool</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Hypertension</u> 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>Teef and diast. sh...</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>4201</u>	
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) (Min.)		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>3-18</u> , 19 <u>51</u> , to <u>3-18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>4:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles W. Williamson</u>				23b. ADDRESS <u>Gentry Co Mo</u>		23c. DATE SIGNED <u>3-21-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 20-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Love Star</u>		24d. LOCATION (City, town, or county) (State) <u>Love Star Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 25-51</u>		REGISTRAR'S SIGNATURE <u>Edith Childs</u>		430		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kenneth A. Brown</u>	
						ADDRESS <u>Denver mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

J. O. Brown

Signed
Student Embalmer

Licensed Embalmer No. 2947

P. O. Address. Deer, 116

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.