

FILED MAY 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12288

BIRTH NO. 21498-51 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 389

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) Rural Campbell Twp. 0390 Springfield		d. STREET ADDRESS (If rural, give location) Rt. 11, Springfield Box 1484
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital					
3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Leonard	c. (Last) Simpson	4. DATE OF DEATH (Month) (Day) (Year) May 1 1951	
5. SEX Male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH May 1, 1951	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 1 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Springfield, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Leonard A. Simpson		13b. MOTHER'S MAIDEN NAME Erma Lee Housh		14. NAME OF HUSBAND OR WIFE none	
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 ADDRESS L. A. Simpson, Springfield, Missouri		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity - Birth at 32 weeks.			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		at 25th-26th week gestation
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature separation of placenta DUE TO (c)		
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) 776x		
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 5/1 , 19 51 , to 6/1 , 19 51 , that I last saw the deceased alive on 5/1 , 19 51 , and that death occurred at 4:35 Am. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) H. Hecker, M.D.			23b. ADDRESS Springfield Mo		23c. DATE SIGNED 5/1/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2 May 1951	24c. NAME OF CEMETERY OR CREMATORY Robberson Prairie		24d. LOCATION (City, town, or county) (State) Greene County, Missouri	
DATE REC'D BY LOCAL REG. 5-1-51	REGISTRAR'S SIGNATURE W. E. Handley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. C. Thiem, Springfield, Mo.		

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

No. 300
10.48

5396

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 _____

Was not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Ralph Williams

Licensed Embalmer No. *3681*

P. O. Address *Springfield, 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.