

FILED NOV 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32812**

BIRTH NO. _____		REG. DIST. NO. 50		PRIMARY REG. DIST. NO. 5199		Registrar's No. 48	
1. PLACE OF DEATH a. COUNTY Camden				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE Missouri b. COUNTY Camden			
b. CITY (If outside corporate limits, write RURAL and give township) Camdenton		c. LENGTH OF STAY (in this place) 1 1/2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Camdenton - rural		b. COUNTY Camden	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home-rural Osage township				d. STREET ADDRESS (If rural, give location) Osage township Del			
3. NAME OF DECEASED a. (First) Clara S			b. (Middle) _____		c. (Last) Simpson		4. DATE OF DEATH (Month) Oct (Day) 28 (Year) 1951
5. SEX Female	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sep 16 - 1865	9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) Washington Court House Ohio		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME (?) Simpson			13b. MOTHER'S MAIDEN NAME (?) Cramer		14. NAME OF HUSBAND OR WIFE Wm M Simpson		
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS R.P. Detcham Camdenton Mo			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) medullary failure				INTERVAL BETWEEN ONSET AND DEATH 6 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) massive cerebral hemorrhage		6 days	
				DUE TO (c) Chr. arteriosclerosis		chronic	
		11. 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 331X				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 June , 1951, to Oct. 27 , 1951, that I last saw the deceased alive on Oct 26 , 1951, and that death occurred at 11:00 P m., from the causes and on the date stated above.							
23a. SIGNATURE R Dale Atterberry DO				23b. ADDRESS Camdenton Mo.		23c. DATE SIGNED Oct. 28-1951	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Oct 30 - 1951		24c. NAME OF CEMETERY OR CREMATORY Valhalla		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. Oct 29-1951		REGISTRAR'S SIGNATURE Zilpha Inaw		25. FUNERAL DIRECTOR'S SIGNATURE Bankson Woolery		ADDRESS Camdenton Mo	

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

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RECEIVED NOV 5 - 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 5 - 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 Abbie Banks Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

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.