

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36099

State File No.

No. 300
10-48

FILED OCT 27 1951

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 6112 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>	
b. CITY OR TOWN <u>Chaffee Rural Kensotwp</u>		c. CITY OR TOWN <u>Chaffee Kensotwp</u>	
c. LENGTH OF STAY (in this place) <u>1 yr.</u>		d. STREET ADDRESS <u>R 7th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Phillip</u> b. (Middle) <u>NMR</u> c. (Last) <u>Simpher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 24 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	
8. DATE OF BIRTH <u>Feb 13, 1869</u>		9. AGE (in years last birthday) <u>82</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 1 YEAR: Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	
11. BIRTHPLACE (State or foreign country) <u>New Hamburg Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>Andrew Simpher</u>		13b. MOTHER'S MAIDEN NAME <u>Katie Georger</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Behre Simpher</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Leo Goetz Chaffee Mo</u>	
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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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RESPIRATORY PARALYSIS</u>		DUE TO (b) <u>ACUTE CARDIAC DECOMPENSATION</u>		<u>10 MIN.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>AORTIC INSUFFICIENCY</u>		<u>5 YEARS</u>	
II. OTHER SIGNIFICANT CONDITIONS		<u>CARCINOMA PROSTATE</u>		<u>5 YEARS</u>	
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NATURAL</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NONE</u>	

22. I hereby certify that I attended the deceased from OCT 23, 1951, to OCT 23, 1951, that I last saw the deceased alive on OCT 23, 1951, and that death occurred at 7:39 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. J. Mosbach, D.O. 2</u>		23b. ADDRESS <u>CHAFFEE, MO.</u>		23c. DATE SIGNED <u>OCT. 25, 51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/27/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Edwards Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Dutchtown Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Oct 27-51</u>		REGISTRAR'S SIGNATURE <u>Mrs Paul Bisplinghoff</u>		DATE <u>445</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bisplinghoff Funeral Home Chaffee Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 26 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1051-220

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. 4470

P. O. Address _____

Illmo, 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.