

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1008

State File No.

FILED FEB 1 1952

BIRTH NO. 1478-52 REG. DIST. NO. 1324 PRIMARY REG. DIST. NO. 3021 Registrar's No. 000014

0402

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

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>	
c. LENGTH OF STAY (In this place) <u>4 days.</u>		d. STREET ADDRESS (If rural, give location) <u>403 W. 20th.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cullers Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Vicki</u>	b. (Middle) <u>LINN</u>	c. (Last) <u>Simpson</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>JAN 30 1952</u>

5. SEX <u>female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>JANUARY 27 1952</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 12 HRS.
				Months	Days	Hours
				<u>4</u>	<u>4</u>	<u>—</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Trenton, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	-----------------------------------	--	--

13a. FATHER'S NAME <u>William Gene Simpson</u>	13b. MOTHER'S MAIDEN NAME <u>JOANNE Reid</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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME- ADDRESS <u>William Gene Simpson Trenton, Mo</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, 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) <u>Viral Pneumonia</u>		<u>8 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c)		<u>3 days</u>
II. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<u>480X</u>

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 Jan 27, 1952, to Jan 30, 1952, that I last saw the deceased alive on Jan 30, 1952, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. L. Lank</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Trenton, Mo.</u>	23c. DATE SIGNED <u>1-31-52</u>
--	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 31 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton, Mo.</u>
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>1-31-1952</u>	REGISTRAR'S SIGNATURE <u>Jane Jew</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jane Blackman, Trenton, Mo.</u>
---	---------------------------------------	---

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.

Signed.....
Student Embalmer

Signed *J. Gordon Blackmer*
Student Embalmer No.

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.