

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 3-1-52 REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4158 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE mo b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lockwood, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 0290	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lockwood Memorial Hosp.		d. STREET ADDRESS (If rural, give location) Lockwood 0	

3. NAME OF DECEASED (Type or Print) Orlena	a. (First)	b. (Middle)	c. (Last) Marks	4. DATE OF DEATH (Month) (Day) (Year) Feb. 26 1952
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 23, 1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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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) Dade, County, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ben F. Simpson	13b. MOTHER'S MAIDEN NAME Nancy Hedge	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. G. Harper Lockwood, Mo.	ADDRESS
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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) Fracture of hip + arm		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary disease		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) Senility			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E9030-20	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In her home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lockwood Dade Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 22-52 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Tripped + fell in hall
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22. I hereby certify that I attended the deceased from 2-22-1952 to 26-1-1952, that I last saw the deceased alive on 2-25-1952, and that death occurred at 7 A.M., from the causes and on the date stated above.

23a. SIGNATURE J. D. Combs M.D.	(Degree or title)	23b. ADDRESS Lockwood Mo.	23c. DATE SIGNED 2-28-52
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24a. BURIAL / CREMATION REMOVAL (Specify) Burial	24b. DATE 2-29-52	24c. NAME OF CEMETERY OR CREMATORY New Bethel	24d. LOCATION (City, town, or county) (State) Dade County Mo
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DATE REC'D BY LOCAL REG. 3-1-52	REGISTRAR'S SIGNATURE Geo. Sweir 79-1	25. FUNERAL DIRECTOR'S SIGNATURE W.R. Allison Greenfield Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

W.R. Allison

Signed.....

Student Embalmer

Licensed Embalmer No. 4404

P. O. Address Greenfield, Me

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.