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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15355

FILED MAY 9 - 1952

BIRTH NO. _____		REG. DIST. NO. 339		PRIMARY REG. DIST. NO. 6149		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Duck Creek T.S.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Duck Creek T.S.				c. LENGTH OF STAY (In this place) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) Puxico R# 2			
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) R.		c. (Last) Simpson		4. DATE OF DEATH (Month) (Day) (Year) 4 2 52
5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 6 1879		9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 2 Days 26 IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Asherville Mo.		12. CITIZEN OF WHAT COUNTRY? 0	
13a. FATHER'S NAME Archie Simpson			13b. MOTHER'S MAIDEN NAME Julia Eason,		14. NAME OF HUSBAND OR WIFE Effie 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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas R. Simpson Puxico Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 154X	
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 _____, 1945, to 4-2, 1952, that I last saw the deceased alive on 4-2, 1952, and that death occurred at 2:30 P.m., from the causes and on the date stated above.							
23a. SIGNATURE W. H. Skilling (Degree or title) _____				23b. ADDRESS Puxico Mo		23c. DATE SIGNED 4/4/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-4-52		24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove		24d. LOCATION (City, town, or county) (State) Stoddard Mo	
DATE REC'D BY LOCAL REG. 4-5-52		REGISTRAR'S SIGNATURE Glenn Morgan		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Service		ADDRESS Puxico Mo	

(Licensed Embalmer's Statement on Reverse Side)

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 Walter Marshall Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.

[Faint handwritten text at the bottom left corner]