

FILED JAN 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41899**

0320  
3

BIRTH NO. _____		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>4170</u>		Registrar's No. <u>525</u>		
1. PLACE OF DEATH a. COUNTY <u>DeKalb Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Andrew Co.</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union Star Mo.</u>		c. LENGTH OF STAY (In this place) <u>All life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union Star Mo. R.R. 0020</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Star Cafe</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>French</u> c. (Last) <u>Simpson.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12.27.1952</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>6.17.1897</u>		
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Days <u>6</u>		IF UNDER 1 YEAR Hours <u>10</u>		IF UNDER 1 YEAR 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 <u>same</u>		11. BIRTHPLACE (State or foreign country) <u>Andrew Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Layreett Simpson</u>			13b. MOTHER'S MAIDEN NAME <u>Mary A. Hailey</u>			14. NAME OF HUSBAND OR WIFE <u>Mae Simpson</u>		
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 <u>Mae Simpson.</u> ADDRESS <u>Union Star Mo. R.R.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 Min</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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"/>	
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 <u>12-27, 1952</u> to <u>12.27.1952</u> , that I last saw the deceased alive on <u>12-27, 1952</u> , and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>E. M. Reynolds MD</u>				23b. ADDRESS <u>Union Star Mo.</u>		23c. DATE SIGNED <u>12.28.52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12.30.1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Star</u>		24d. LOCATION (City, town, or county) (State) <u>Union Star Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-4-53</u>		REGISTRAR'S SIGNATURE <u>Rose [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. G. [Signature]</u>		ADDRESS <u>King City Mo.</u>		

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*R. G. Taggart*

Licensed Embalmer No. 2563

P. O. Address King City 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.