

STANDARD CERTIFICATE OF DEATH

State File No. 24143

FILED JUL 20 1953

BIRTH NO. REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5781 Registrar's No. 30

160

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Apple Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Apple Creek</u> 0160	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>2 Mi. N. Oak Ridge</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED (First) <u>Effie</u> (Middle) <u>Sue</u> (Last) <u>Simpson</u>	
4. DATE OF DEATH (Month) <u>July</u> (Day) <u>12</u> (Year) <u>1953</u>		5. SEX <u>F</u> 6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Jan. 29-1884</u>	
9. AGE (in years last birthday) <u>69</u> 10. KIND OF BUSINESS OR INDUSTRY <u>House work</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Clinton Simpson</u>	
13b. MOTHER'S MAIDEN NAME <u>Lina Samuels</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 <u>Father Smith</u>		ADDRESS <u>Oak Ridge Mo</u>	

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>Coronary Heart Disease</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b)		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<u>4342</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 not treated 19 to dead on my feet 1953, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. H. Stoylich M.D.</u> (Degree or title)		23b. ADDRESS <u>Oak Ridge Mo</u>		23c. DATE SIGNED <u>7-14-53</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 15-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gochee</u>	
24d. LOCATION (City, town, or county) (State) <u>1 Mi. N. Oak Ridge Mo</u>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>D. G. Suber</u> 43		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dorothy Laird Jackson</u> ADDRESS	

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. O. Laird

Licensed Embalmer No.

4538

P. O. Address

Jackson, 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.