S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27431

FILED JUL 27 1953

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4496 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY Shelby County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelbyville, Mo. 3
c. LENGTH OF STAY (in this place) Wks 3
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Plesant Hill Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Shelby
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clarence, Mo. 1020
d. STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) MAY c. (Last) GRAVES

4. DATE OF DEATH (Month) (Day) (Year) 7,12,1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 2-24-1869
9. AGE (In years last birthday) 84 | IF UNDER 1 YEAR Months 4 Days 18 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Hold
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) Chicago, Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Simpson
13b. MOTHER'S MAIDEN NAME Clara Riley
14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO. X
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mont McDonald, Clarence, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES
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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4500
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 14, 1953, *to* July 12, 1953, *that I last saw the deceased alive on* July 8, 1953, *and that death occurred at* 3 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) P. C. Archer M.D.O
23b. ADDRESS Shelbyville Mo
23c. DATE SIGNED 7-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-14-1953
24c. NAME OF CEMETERY OR CREMATORY Maplewood Cemty.
24d. LOCATION (City, town, or county) (State) Clarence, Mo.

DATE REC'D BY LOCAL REG. July-20-53
REGISTRAR'S SIGNATURE Ada Garrison 419
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barkelew-Hawkins, Shelbina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 E W Hawkins

Signed.....
Student Embalmer

Licensed Embalmer No. 3498

P. O. Address Silver Spring Md

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.