0.300
0.48

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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. 2307

BIRTH NO. FILED FEB 10 1954 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla
c. LENGTH OF STAY (In this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McFarland Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dent 0330
c. CITY OR TOWN: Springcreek Twsp
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ /
e. STREET ADDRESS (If rural, give location): Dent County Farm

3. NAME OF DECEASED (Type or Print)
a. (First): GRACE
b. (Middle):
c. (Last): SIMPSON

4. DATE OF DEATH (Month) (Day) (Year): Jan 30 1954

5. SEX: Female /
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown 4
8. DATE OF BIRTH: Feb 27 1878
9. AGE (In years last birthday): 75 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (City and State or Foreign Country): Elm Springs, Kansas /
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): — — —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Phelps Co. Welfare Office Rolla, 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) arteriosclerotic Heart disease — 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. Senile mental deficiency.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4200
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* 1-16, 1953, *to* present 19__, *that I last saw the deceased alive on* 1-30, 19 54 *and that death occurred at* 4:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE E. E. Feind (Degree or title) M.D.
23b. ADDRESS Rolla Mo
23c. DATE SIGNED 2-3-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/1/54
24c. NAME OF CEMETERY OR CREMATORY: Cedar Grove Cemetery
24d. LOCATION (City, town, or county) (State): Salem Missouri

DATE REC'D BY LOCAL REG.: Feb. 3, 1954
REGISTRAR'S SIGNATURE: Nadine L. Steed
25. FUNERAL DIRECTOR'S SIGNATURE: Blackwell-Warfel F.H.
ADDRESS: Salem, 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 eml

by me, or by ....—...., Student Embalmer No. ....—...

working under my personal supervision..

Student ....—.... Signature of Student Embalmer

Signed ....Max L. Warfel....

Licensed Embalmer No. ....41....

P. O. Address ....Salem....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.