

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3663

State File No. ....

FILED JAN 22 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u> <u>1001</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CHAFFEE</u> <u>1342</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CHAFFEE</u> <u>1001</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>205 COOK AVE</u>		d. STREET ADDRESS (If rural, give location) <u>205 COOK AVE</u>	
3. NAME OF DECEASED a. (First) <u>LOUIS</u> (Type or Print)		b. (Middle) <u>THOMAS</u>	
c. (Last) <u>SIMPSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-11-1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>MAR. 1-1899</u>
9. AGE (In years last birthday) <u>54</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>10</u>	11. BIRTHPLACE (State or foreign country) <u>BROWNWOOD MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>	
13a. FATHER'S NAME <u>THOMAS SIMPSON</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH ELEMBAUGH</u>	
14. NAME OF HUSBAND OR WIFE <u>ALVIN 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>702-07-3584</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alvin Simpson - Chaffee Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> <u>20 yrs.</u> DUE TO (c) <u>Hepatitis</u> <u>1 1/2 yrs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Asthma</u> <u>3 yrs.?</u>	
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Chaffee Scott Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>	
22. I hereby certify that I attended the deceased from <u>9-10</u> , 19 <u>53</u> , to <u>1-11</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1-5</u> , 19 <u>54</u> , and that death occurred at <u>1:30</u> A. M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. H. Schmeyer D.O.</u>		23b. ADDRESS <u>Chaffee Missouri</u>	23c. DATE SIGNED <u>1/12/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>1-13-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION PARK CEM. CHAFFEE</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
DATE REC'D BY LOCAL REG. <u>1-14-54</u>	REGISTRAR'S SIGNATURE <u>Mrs Paul Ruppel</u>	445	25. FUNERAL DIRECTOR'S SIGNATURE <u>CM Stubbs - Chaffee Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-16-54

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 154-13

MAY 24 1954

APR 15 1954

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 C. J. Long

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.